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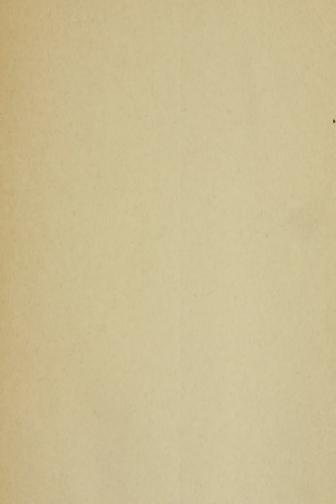
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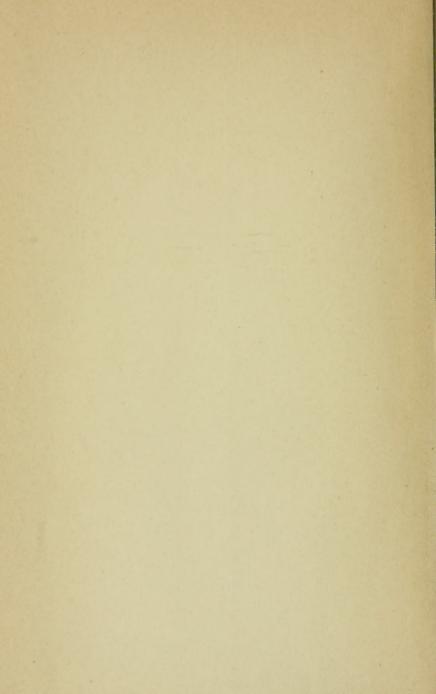
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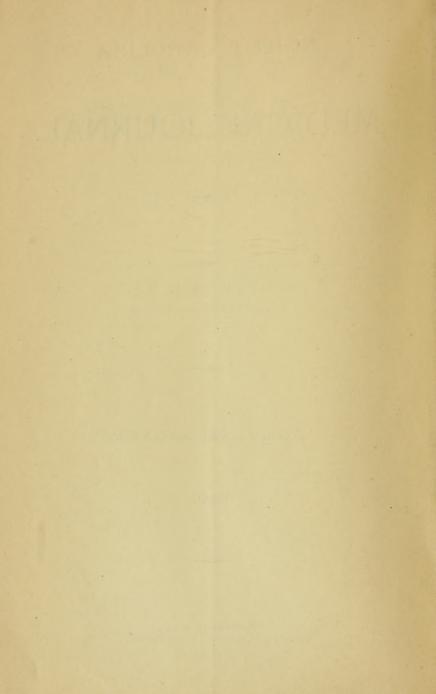
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LAPARO-HYSTERECTOMY FOR EPITHELIOMA, WITH RECOVERY.

By Cornelius Kollock, A.M., M.D., Cheraw, S. C.

[Written expressly for this Journal.]

It is more than probable that complete removal of the uterus was practised by the ancient Greeks. It is also very certain that, if so, the operation subsequently fell into disuse, and almost passed from the memory of man, until Soranos of Ephesus spoke of it in a work written about a century before Christ. We hear nothing positive, however, of hysterectomy till 1560, when Andreas a Crucé is said to have done it successfully. In 1813 Langenbeck removed the entire uterus. Some doubted the truth of his report of the case, but at the death of the woman, thirty years after, an autopsy proved positively that the uterus had been removed. From 1829 to 1839 Blundell, Recamier, Siebold, Dilbeck and others recorded cases, but most of these being failures, the operation was discountenanced until 1879, when Czerny, interested in the report of

Langenbeck's case, revived it with considerable success. Billroth, Mikulioz, Schroeder, Condereau, Hennig, Freund and others soon practised it, and it is now recognized as a proper surgical procedure.

Objections have been urged against hysterectomy for epithelioma on account of the liability of the latter to return. But the same objections hold good against all operations for malignant disease. It is a fact well established that when the seat of a malignant disease is an organ well isolated, so that the whole of the affected part can be removed, the chances of return are much less than when the whole affected part cannot be taken away. This is especially true in regard to epithelioma. Scirrhus, carcinoma and sarcoma are far more apt to be reproduced than epithelioma, after the removal of the whole

diseased part. It is a little singular that a microscopic examination reveals the fact that the cells in epithelioma are very like those in scirrhus or carcinoma. Yet there is certainly not the inveterate infiltration in epithelioma that there is in other malignant diseases. It does not seem to be so deeply constitutionally imbedded. Scirrhus and carcinoma, however isolated the part from which they have been removed, are, in the large majority of cases, sooner or later, reproduced. Not so with epithelioma, an operation for which, while it may not entirely eradicate it, contributes materially to the comfort of the patient, and greatly prolongs life. Another fact which seems to prove that epithelioma is not so thoroughly constitutional as scirrhus or carcinoma is that, if it returns after removal, it is always on the original site. Not so with these orner malignant affections. It is impossible to predict with any accuracy the time or spot at which they will be reproduced. A scirrhus or carcinoma removed from the mammary gland, may reappear in the same place, or on some internal organ. I removed a scirrhus tumor from the breast of a patient; the incision healed finely by first intention, and the parts seemed to be perfectly healthy. In six months time she was greatly annoyed by pain in the stomach and constant nausea. This increased until life became a burden. She died of starvation, being for weeks unable to take any nourishment. An examination showed the formation of a scirrhus at the cardiac orifice of the stomach. It is true that epitheliomatous growths will sometimes be reproduced after having been apparently thoroughly removed, but, in the majority of instances, it is after an operation has been delayed too long-when, by thorough infiltration, adjacent tissues have become contaminated. I have removed a number of such growths, and have never known one to return, when situated on

a part completely isolated, unless it was in a case of long standing.

In my humble opinion, when epithelioma attacks the uterus at any point, to secure a complete eradication of the disease, the whole organ should be removed, whether the disease pervades the entire uterine structure, or only a part is invaded. It often affects, only the vaginal cervix—sometimes extends into the cervical canal-and again reaches the extreme limit of the fundus. Often, when the disease seems to be circumscribed, other parts apparently sound may be so tainted that it may manifest itself in them at some future time. Fritsch, who has been thoroughly identified with this view, and who has had a large experience in the operation, contends that, in all cases, even when the disease is confined to the cervix, the whole uterus should be removed. prevents a reproduction of the growths, and spares the patient the pain consequent upon menstruation when only a portion of the organ has been taken

A remarkable fact, and one worthy of consideration, is that total extirpation of the uterus is an easier and less bloody operation than a cervical, or a high, amputation.

Fritsch's position has been strengthened by Schauta of Prague, who says that, two years after the operation, 100 per cent. of those who had undergone the radical one were free from the disease, while only 40 per cent. of those who had submitted to the partial one had recovered.

A case that occurred, not a great while ago, in my own practice, I think clearly illustrates the position above assumed. Mrs. R. H. B., aged 34, had had four children and two miscarriages. Her health was apparently good until 1888, when menstruation became too frequent and too free—sometimes came on every two weeks—and was always

accompanied by considerable pain. This increased so rapidly in severity that she resorted to opiates for relief. She soon got up to twenty grains of morphia daily. This had been going on for four or five months when I first saw her, on the 12th of September, 1888. The discharge then, at every menstrual period, was equal to a post-partum hemorrhage, She was confined to her bed fifteen days in every month, was so exhausted by pain and loss of blood as to become anæmic. Her complexion was like white wax-perfectly colorless. There was also slight ædema of the upper and lower extremities, and a puffiness about the cheeks and eyes. Hers was undoubtedly a case of epithelioma of the uterus, but the disease had extended only a short distance above the internal os. None was visible at the external os, though, of course, it must have invaded the cervical canal; nor was there any positive evidence, so far as could be ascertained, that the internal cavity was affected much. There were no apparent adhesions of the uterus or its appendages to anything in the cavity. Her condition being such as above described, I hesitated about attempting an operation. But she had made up her mind to it, and piteously begged to have it done. Feeling assured that nothing else would give her any chance of recovery, or even prolong her existence, I decided to undertake it.

Freund's operation for complete extirpation of the uterus, by incision through the abdominal walls, was the method fixed upon. With many this has been objected to, on account of the position in which the patient must be placed—the same as that in common laparotomy—and for this reason it, for a time, fell into disuse. But this objection has been obviated by the Trendelenburg posture. Not being willing to attempt the operation by the vaginal method, I did it through the abdominal cavity. Opening

the abdomen by an incision three and a half inches below the umbilicus, I found the fundus resting on the back part of the pelvis, a little removed from the bladder. With hooks, the fundus was drawn as near as possible to the incision in the abdomen; I then passed with an aneurism needle a silk ligature including the ovarian artery and as much as possible of the broad ligament; a second ligature was then passed including what remained of the broad ligament and the uterine artery. The vessels on the opposite side were secured in the same way. I then dissected away, both behind and in front, as much peritoneal investment as was possible or proper. Then a cross cut was made below the junction of the cervix into the vagina, and the uterus was quickly removed. It being the opinion of many standard writers-and also my own-that the disease is more likely to be reproduced if the ovaries and tubes be left in, I removed them. The operation was accompanied by very slight hemorrhage, for the ends of the vessels when cut were all held by compression forceps. A large piece of gauze was spread over the intestines, at the extreme upper end of the abdominal incision, to protect the cavity from any fluid, or blood, which might collect in the uterine pouch posteriorly. The toilet of the peritoneum, by this method, was very simple and easily made. The peritoneum was closed by a continuous catgut suture holding one peritoneal surface against the other. This prevented the possibility of any infection traversing the vagina into the abdominal cavity. A straight glass drainage tube. of medium size, was kept in for two

I think the entire success of this operation depends upon securing the arteries in the broad ligament before the removal of the uterus, dissecting from the posterior and anterior walls of the uterus a generous slice of peritoneal

investment, so that the vaginal abdominal wound may be completely closed. When this is done there is no danger of hemorrhage or infection.

The patient had a fine and rapid recovery—was up and about her room three weeks after the operation. She is now in apparently perfect health—has gained thirty-six pounds in weight. For the first six months after the operation there was, at the return of each menstrual period, considerable commotion in the pelvic region, accompanied by some pain in the back and fulness in the head. This grew less and less every month, and finally passed entirely away.

CASE OF PUERPERAL SEPTICÆMIA.

By F. PEYRE PORCHER, M.D., Charleston, S. C.

[Written expressly for this Journal.]

We report this case on account of its great severity and the desperate extremity to which the patient was reduced.

Mrs. M., primipara, aged 22, had an abortion, June 10th, 1892, with the delivery, after a labor of fifteen hours, of twins, five months, feet presentation, one fetus swollen and partially decomposed, the other in fair state. There was great difficulty in extracting the head of the one delivered last, which was grasped by the neck of the uterus, and force was required to slowly dilate the contracted os; this, doubtless, was the source of the subsequent difficulty. The placenta came away spontaneously, there was no hæmorrhage, the lochia were very scanty. Notwithstanding the absence of symptoms of uneasiness, for days the vagina was injected, bis die, with bichloride solution, 1 to 4,000, and carbolic acid solution, 3 j, to a pint of hot water.

On the morning of the 15th, in the midst of apparent calm, without known cause or imprudence, patient had an extremely violent chill of long duration, followed by a burning fever, great distress, face purple, vagina excessively hot and dry, lochia suppressed, with severe vomiting and purging; temperature not recorded.

The several measures adopted were as follows: Use of ice and cold sponging of head, hands and arms, an hypodermic of morphia, gr. ½, and atropia, gr. 1-100, with the following as an ideal prescription for such a condition:

B.—Morphia	.gr. ii.
Ess. peppermint	3 ii.
Sp. turpentine	3 ii.
Oil of eucalyptus	Mxx.
Chlorate of potash	3 i.
Quinine	gr. xx.
Alcohol	z i.
Gum water to	. 7 iv.

M. S.—Dessert spoonful every two hours. Hot carbolized water, with a solution of Marchand's peroxide of hydrogen, four tablespoonsful to every pint of water, used alternately, were injected into the womb t.i.d., through a female catheter attached to the nozzle of a Davidson syringe.

She suffered greatly from distension, which was relieved by poultices made with fresh mint, steeped in boiling whiskey, with soda and mint internally; also repeated applications of hot turpentine stupes.

In forty-eight hours the temperature was reduced to 100°, pulse 100; but there was an extremely severe herpetic eruption (fever blister) surrounding the

mouth and lips, the mouth being so much inflamed that she could swallow with difficulty. This was relieved by an application of lead cerate, \(\frac{7}{5}\) ss., aristol, gr. x, subnitrate bismuth, \(\frac{7}{5}\) ss., which proved extremely soothing and curative.

On the 19th, being materially better, the mixture was discontinued, and quinine, gr. vi, t.i.d., and hot carbolized water and milk and hot water vaginal injections were employed. She took milk punch and brandy and water throughout the course of her illness, and 1-30 of a grain of strychnia at night for two or three nights.

Her temperature varied after the initial attack from 103° to 100°, never over 103°. That a dangerous fever, following a chill of great severity, should be reduced by the treatment—the antiseptic irrigations, milk injections, cold applications, etc.—as described, is very satisfactory; but it will be remarked here that mere temperature is not an indication of the severity or danger to life of a disease, for simultaneously with this case a Mrs. B., recovering from an attack of acute dysentery, for two days had a continuous temperature of 104°, which descended to 99°, and left her only a little weak

Attendance was discontinued on the 20th, temperature $98\frac{3}{4}^{\circ}$, having used the vaginal irrigations continuously, with quinine; found phenacetine, gr. v, very

serviceable at night to lessen temperature and promote sleep. Ice was craved and swallowed throughout on account of the general erethism of the mucus surfaces, as indicated by the eruption of the lips and mouth, referred to above, and she could take nothing unless it was preceded by bits of ice.

A few words with regard to the formula above mentioned: After using it for some hours—its effects being extremely soothing and agreeable—it became a question of great moment whether the morphia might not prove injurious by masking symptoms of pain, etc.; and on account of the doubt the following fever mixture, containing aconite, was substituted:

- B—Bromide of potash... 3 iss.
 Tinct, of aconite... gtt. l.
 Spiritus mindererus... 3 i.
 Chlorate of potash... 3 iss.
 Ess. peppermint... 3 i.
 Chloral..... 3 i.
 Camphor water, ad... 5 iv.
- S. Dessert-spoonful every two hours in a little water.

Professor T. G. Thomas, of New York, whose opinion was obtained, without pronouncing upon the relative claim of the morphia and aconite, replied that he thought the ideal mixture was admirable, but not to omit "to pursue the bacillus in its lair." It will be noticed that there had been no neglect in this particular.

CONSOLIDATED STATEMENT OF THE MORTALITY OCCASIONED IN NEW ORLEANS, LA., BY FEVERS (YELLOW FEVER, TYPHOID, TYPHUS AND MALARIAL FEVER), AND OTHER GRAVE FORMS OF DISEASE, (PHTHISIS PULMONALIS, ASIATIC CHOLERA AND BOWEL AFFECTIONS), DURING A SERIES OF YEARS.

By JOSEPH JONES, M.D., L.L.D., Professor of Chemistry and Clinical Medicine Tulane University of Louisiana, Visiting Physician Charity Hospital.

[Written expressly for this Journal.]

It is of importance that the actual and relative mortality occasioned by various diseases in different cities and localities should be accurately recorded.

In such statistics the practitioner of medicine and the sanitarian will find many important facts and much food for reflection.

The Destructive Effects Occasioned by Yellow Fever and the more Fatal Diseases in New Orleans, Louisiana.

The relative position held by yellow fever with reference to the importance and fatality of various diseases, will be illustrated by the following table:

Total Number of Cases and Deaths of the Various Forms of Fever Treated in the Charity Hospital of New Orleans during a Period of 34 Years—1847–1880.

Diseases. Cases. Deaths, P.	. Ct
Yellow fever19,2339,6675	2.2
Typhus fever 7,2221,3031	
Typhoid fever 3,5211,1633	
Dengue fever 6360,0000	
Nervous fever 51 132	
Adynamic or atax-	
ic fever 27 41	4.9
Ephemeral fever, 563o,000o	0.0
Continued fever. 1,099 88	
Catarrhal fever 111 1	
Gastric fever 113 3	
Remittent fever. 15,361 311	
Intermi'nt fever. 75,670 128	
Congestive fever. 1,218 6995	
Pernicious fever. 478 3206	
Malarial fever 6,251 6361	
Malarial pois'ing. 431 501	
Malarial cachexia 95 8	
Typho-malarial	
fever 117 664	7.8
Other forms 135 201	
Totals304,213 43,718 1	4.3

During a period of 34 years—1847—1880—19,233 cases of yellow fever were treated in the Charity Hospital of New Orleans, of which 9,667, or 50.2 per cent. terminated fatally. During the same period, including yellow fever, 132,322 cases, with 15,480 deaths of the various forms of fever, were treated in the Charity Hospital.

If the cost of treatment of each case to the State be placed at the low figure of \$20, then Louisiana expended during these 34 years \$2,646,700 for the treatment of fevers alone.

Whilst yellow fever numbered only 19,233 cases out of a grand total of 304,213 cases of all fevers, it caused 9,667 deaths out of a total of 43,718 deaths from all fevers during 34 years in the Charity Hospital of New Orleans.

Deaths from the Various Forms of Fever in the City of New Orleans during a Period of 34 Years—1847–1880.

> 34 80.

Deaths	During
Diseases. Years-	1847-
Small-pox and varioloid	5,726
Measles	1,589
	2,066
	2 I
Typhus fever	1,422
Cerebro-spinal fever	371
Enteric or typhoid	3,720
Simple continued fever	407
Yellow fever2	8,739
Gastric fever	19
Malarial fever	
" " intermittent,	921
" remittent	1,299
" congestive	6,337
" "typho-mala'l,	93
Malarial unclassified	3,747
Total,,,,,,,,5	6,478

During a period of 34 years—1844-1880—the following diseases caused the number of deaths specified in New Orleans:

Dea	ths During
Diseases. 34	Years.
Chicago	11,847
Cholera morbus	887
Cholera infantum	2,408
Total	15,144
Enteritis	6,915
Diarrhœa	8,289
Dysentery	7,097
Total	22,301

Deaths from phthisis pulmonalis in New Orleans during 34 years—1847– 1880—24,071.

Total deaths in New Orleans during 34 years—1847–1880—from all causes, 242,426.

While fevers of all varities destroyed in the City of New Orleans 56,478 citizens in 34 years, yellow fever destroyed only one-half of this number, namely, 28,739.

If these fevers be divided into separate groups, the mortality will stand thus:

Total deaths from small-pox, measles and scarlet fever during 34 years, 9,381.

Total deaths from dengue, typhus fever, cerebro-spinal fever and simple continued fever, 5,942.

Total deaths from yellow fever, 28,739.

Total deaths from various forms of malarial fever, 12,413.

The deaths from the various fevers and malarial fever, indigenous to the soil or common to all parts of the great Valley of the Mississippi, were very nearly half as numerous as those caused by yellow fever, congestive fever alone causing 6,337 deaths.

It is well established by the records of medicine extending back over 2,000 years, that drainage and agriculture are the great and only absolute and certain means of destroying the cause of malarial fever. If the value of a citizen of the United States be estimated at \$1,000, then the City of New Orleans has lost during 34 years \$56,478,000 by fevers alone; other diseases, however, whose existence and propagation are largely dependent upon defective drainage, have been busy in this work of destruction. Thus, during the 34 years specified, phthisis pulmonalis destroyed nearly as many citizens as yellow fever, namely, 24,071; enteritis, dysentery and diarrhœa, 22,301, and cholera, cholera morbus and cholera infantum 15,144—total from phthisis and bowel affections, 67,616 deaths.

Γhose diseases which are common to the entire Valley caused 67,616 deaths, exceeding those by fevers 5,138.

Without doubt a very large proportion of the deaths from phthisis pulmonalis and bowel affections are preventable and directly referable to defective drainage. Fevers, general affections and phthisis pulmonalis alone caused New Orleans 118,094 deaths in 34 years, and of a total of deaths, from all causes, of 242,426.

We may therefore affirm that nearly one-half the deaths in New Orleans, during the past 34 years (118,094) were caused by preventable diseases, the important sanitary measure for the diminution of the same being effective drainage.

From these diseases New Orleans has lost, in 34 years, \$118,094,000.

No city in the world has suffered more obloquy than New Orleans in reputation for health, and more especially in regard to its epidemics of yellow fever.

If, by the application of all the facts known to science, the sanitary condition of New Orleans can be so improved as to exclude yellow fever, or to arrest its first beginnings, it is not unreasonable to believe, when we consider the extent and extraordinary fertility of the basins of the Mississippi and the Missouri, that New Orleans is destined to become the greatest emporium, not of America only, but of the world.

Measures for the Prevention and Arrest of Yellow Fever.

The measures for the prevention, exclusion and arrest of yellow fever may be divided into three divisions:

- I. Local sanitation,
- 2. Sanitation of all public conveyances, including ships and railroads.
- 3. Quarantine, embracing inspection, detention and thorough disinfection.

The absence of yellow fever from New Orleans during 1880, 1881, 1882, 1883 to 1892, would support the theory that this disease is not indigenous to New Orleans.

If vellow fever be not indigenous to

New Orleans, its exclusion depends upon a rigid quarantine.

When introduced the health authorities should be provided with sufficient men and means to combat the disease, and to thoroughly disinfect and cleanse any focus of disease, as was successfully done in 1882, under the direction of the author (then President of the Board of Health of the State of Louisiana), in the third district of New Orleans, in the cases of Forbes, Strot and Englund.

The great difficulty rests in the prompt recognition and immediate report of the first case or cases. Correct diagnosis is of infinite importance.

156 Washington Ave.

THE TREATMENT OF SALPINGITIS BY DEPLETION AND DRAINAGE SECURED BY ELECTRICITY.

Abstract of the paper by Dr. Augustin H. Goellet, of New York, read before the Second Annual Meeting of the American Electro-Therapeutic Association held in New York, October 4th, 5th and 6th.

The author stated that he had recently reported at the New York Obstetrical Society a number of cases treated successfully by this method, but some of the members were inclined to doubt the part played by electricity in producing the results, and objections were made to electro-therapeutics in general on the ground that it was made mysterious and complicated. They endeavored to explain the results obtained by supposing that they were due to rest in bed and the time consumed in the treatment. In reply to these criticisms, the author said that the patients were not confined to bed, and the treatment was instituted after protracted efforts by other methods in the hands of other specialists and after laparotomy had been advised.

He thought that if those gentlemen who found so much mysticism surrounding the subject would study electricity, learn the principle of its action, and take the trouble to understand it, the mysticism would disappear. One gentleman thought hot water would do all that had been claimed by the author for electricity, and that it would relieve pain as promptly, in spite of the fact that, in the cases reported, all the usual remedies, including hot water, had been tried without marked benefit.

Dr. Goelet was not inclined to deny the value of hot water and other timehonored measures, nor question their usefulness; but that they at times fail, are slow in their action, and are limited in their usefulness, he thought would not be denied.

The author contended that the principles involved in the electrical treatment were the same as in the other measures usually adopted for the treatment of these conditions, namely, deple-

tion and drainage, and with perhaps stimulation of the lymphatics to promote absorption. But he did not believe, as some had contended, that counter-irritation entered into the action of the electrical treatment. He was inclined to favor the method of dilatation, curettement and drainage with gauze in certain conditions, but thought its usefulness was limited, and electricity could be employed in conditions where this would not be appropriate. He was inclined to believe that electricity was not more universally employed because its value was not appreciated, and less pains was taken to better understand it, and in consequence it was regarded as mysterious, and its results were discredited, because it was considered too intricate to be clearly appreciated without some thought and study.

The author explained his preference for electricity in these conditions by saying that after an experience of fifteen years with the older methods of treatment, he had found them tedious, slow and exceedingly unsatisfactory, and was willing to welcome any plan which promised more satisfactory and prompt results, and which saved the patient from a mutilating operation, the results of which are, by no means, always what could be desired. He frankly confessed that the method of treatment advocated by him had given both him and his patients more satisfaction than any other, and he believed that the more one used it, the better they knew how to use it and the better the results. He would not, however, contend that this particular method was appropriate in all conditions, nor should it be used always to the exclusion of other remedies, and declared that he had used the method suggested by Dr. Polk and others with satisfaction in suitable cases.

The author thought it would hardly seem necessary to say that, in order to obtain satisfactory results with this or any other therapeutic measure, it should be used intelligently and with a definite purpose in view; yet electricity is frequently used in a haphazard manner by men who wonder why they do not succeed; and their failures cause them to discredit the value of the agent. He regarded two things essential for success. namely, first, an accurate diagnosis of the existing condition with the indications for treatment; and second, the employment of the agent for a definite purpose, and in a manner to meet the indications. He employs the galvanic current for the purpose of effecting relaxation and dilatation of the cervical canal with drainage from the uterine cavity, which is accomplished by using the negative pole attached to a metallic electrode placed in the canal. A moderate strength of current is employed. when dilatation without cauterization is desired; but an increased strength is necessary when destruction of the diseased endometrium is required. Profuse drainage, resulting in depletion, follows the use of this pole employed in this manner, and relaxation with dilatation of the lumen of the Fallopian tubes when they are obstructed by tumefaction of the mucous lining, likewise results from the use of this pole in the uterus. He quoted Bland Sutton as saying that the uterine end of the tube is rarely occluded in salpingitis, but the obstruction is due to tumefaction of the mucous lining, hence drainage in this direction is possible upon subsidence of this tumefaction. The same authority declares that the tender pelvic swellings found in these conditions are in many instances the Fallopian tubes swollen in consequence of the catarrhal condition of the mucous membrane, and that the swelling; pain and tenderness vanish with the subsidence of the inflammation.

Dr. Goelet thought that the accomplishment of this result here should not be considered unreasonable when it is

possible in other localities. For this purpose he was in the habit of employing both the galvanic current, as above described, and the faradic current, also, for the relief of the associated pain and congestion. The intra-uterine applications likewise effect a cure of the endometritis, which, in all probability, was the origin of the tubal inflammation, and is directly responsible for its continuance. He thought the positive pole was contra-indicated if there was any pus accumulation, or if there was insufficient drainage from the tube, but employed it in the absence of these contraindications to aid the removal of tumefaction and congestion, employing the vagino-abdominal method by preference,

In commencing the treatment of these cases, he prefers to employ the faradic current of tension—first, to quiet the

pain and render the patient comfortable, for which purpose he utilizes the bi-polar method in the vagina; later he continues the use of the faradic applications to the vagina for the purpose of stimulating peristaltic movements of the tubes which favor evacuation. He drew attention to the fact that, in order to obtain the desired effect from the faradic current, it was essential to utilize reliable apparatus, otherwise failure, rather than success, would follow its use.

In conclusion, he remarked that the chief indications in the treatment of these conditions was to relieve the pain, relieve the engorgement and tumefaction and to secure drainage from the uterine cavity and the tubes, and he believed that electricity, if properly employed, could be depended upon to accomplish these results.

THE TREATMENT AND MANAGEMENT OF ASTHMA.

An Abstract of a Lecture delivered to the Class in the Philadelphia Polyclinic, November, 1892, by Thomas J. Mays, M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic and Visiting Physician to the Rush Hospital for Consumption, of Philadelphia.

Asthma is a paroxysmal disease of the pneumogastric nerves, which throws the muscular fibres of the bronchial tubes into spasmodic contraction. Its prominent symptoms are itching of the head and neck, oppression and tightness of the chest, dyspnœa, bloating of the abdomen and pain in the region of the diaphragm, cough, expectoration and fever. Its causes are predisposing and exciting. (1) It may be inherited as asthma, and it may appear in children who come from consumptive or nervous families. It seems as if there is a predisposition necessary before the disease can develope. (2) Among the exciting causes are the inhalation of dust, powdered ipecacuanha, pollen of grasses and of roses, odors of certain animals, as

cats, sheep, etc., etc.—reflex excitation coming from the nose, stomach, liver, intestines, uterus, etc. Its relation to hay fever is very close; practically there is no difference between the two; I find that that which relieves the one will also relieve the other.

Its treatment resolves itself into that (1) which aims to give immediate relief from the paroxysm, and (2) that which aims to prevent a recurrence of the paroxysm. Those remedies which relieve the paroxysm may be classified as follows: (1) central narcotics, consisting of morphine, belladonna, stramonium, hyoscyamus, tobacco, chloroform, ether, ethyl bromide, ipecacuanha, sanguinaria, etc., and (3) the peripheral narcotics, relaxants, consisting of nitro-glycerine,

amyl nitrite, sodium nitrite, pilocarpine, etc. Now, all our more or less powerful therapeutic agents are stimulants to the general or special body tissue which they affect, in small doses, while in large doses they paralyze the same. All the above-named agents only relieve asthma when given in large or paralyzing doses, the central narcotics exerting their influence on the central nervous system, the emetics acting on the pneumogastric filaments, while the peripheral narcotics paralyze the vaso-motor or sympathetic nerves, which supply the unstriped muscular fibres of the bronchial mucous membrane and blood-vessels. While all these agents relieve asthma, and, indeed. in some cases are indispensible, it is quite clear that in doing so they lower or depress the functions of the parts on which they act, and that they do not, therefore, come up to the ideal of an asthmatic remedy. The best among them are nitro-glycerine, one or two minims of a one per cent, solution every three or four hours, by the mouth, and 1-20 or 1-10 of a grain of morphine hypodermically once or twice a day.

What, then, is the remedy which may be given continuously for the alleviation of this disease, and without the undesirable effects of the above-named classes? Which drug will relieve asthma in stimulant doses? Such a drug, I believe, we possess in strychnine. Of course we must bear in mind that all stimulants are only supplementary agents which maintain the functions of the body without adding any direct material support to the same; but there is also good reason for believing that they cause the tissues to appropriate a larger amount of nutritive material than they would otherwise do; and in this way our stimulant drugs become tissue-builders. It has been shown that the power of strychnine in this respect is greater than that of any other stimulant. This drug has a special affinity for the nervous system, which action is especially accentuated on the pneumogastric nerves. In stimulant doses it gives a supporting influence to the respiratory movements, and, unlike morphine, lobelia, belladonna or nitro-glycerine, it does not depress or narcotize the nervous system. Asthma being a spasmodic disease, in what manner does strychnine bring relief? How does it act as an anti-spasmodic? The most probable theory of the spasmodic state is that there is at the beginning of the paroxysm a superabundant discharge of nerve force through the pneumogastric nerves, which throws the bronchial muscles into contraction. But whatever the intimate nature of this condition may be, it is evidence of nerve degradation or nerve weakness, and strychnine, by elevating the tone of these nerves, increases the controlling power of the same.

A stimulant dose of strychnine will depend upon the age of the patient and the length of time during which the drug has been given, although asthmatics, as a rule, will bear larger doses of strychnine than most other patients. Begin, as a rule, with 1-30 of a grain subcutaneously once a day, and gradually increase to 1-20 or 1-10 of a grain, or more, if necessary, to impress the system with its full stimulant effects. Do not waste your time with small doses. To these amounts of strychnine small doses of from 1-400 to 1-600 of a grain of atropine may be added. It is best to administer these drugs in the evening, because asthma is nocturnal in its attacks, and your patient should be protected at night so he can sleep. Additionally to its hypodermic use, this drug may be given in the following combina-

R—Phenacetini.....gr. lxiv.
Quininæ sulph.....gr. xxxii.
Ammon, muriatis... 3 iss.
Pulv. capsici.....gr. iv.
Strychninæ sulph...gr. 1\frac{1}{8}.
M. Ft. capsulas No. xxxii.

Sig. One capsule four times a day.

Or in the following:

R—Strychninæ sulph.....gr. 1½ Syr. acid. hydriodici.... Syr. hypophosph., aa...fl ¾ ij. M. Sig. One teaspoonful four times

In fact, light cases of asthma require no hypodermic injection, and do well enough when the above-named preparations are given. In severe cases it is of course advisable to add morphine or aitro-glycerine to the strychnine and atropine treatment, especially at the beginning. This treatment will break up he paroxysms, but even after they are broken many old asthmatics still remain in the most abject misery. They may be compelled to sit up day and night panting for breath, and still labor under the impression that they are suffering from asthma. This is a mistake; it is not asthma, but the natural state of exhaustion which follows asthma. The respiratory movements, as well as the whole nervous system, are almost paralyzed. It is the disorder and chaos following the flood. The dyspnœa is not paroxysmal as before, but is felt now on the slightest exertion. This stage of the disease is most important from a therapeutic standpoint. Nitro-glycerine. lobelia and other narcotics are of no use. Rest is most essential now. They must absolutely do nothing-lie down, if they can, or sit still. They should even be fed. I have known patients who were breathing comfortably bring on a most severe exhaustion-dyspnœa-by merely undertaking to write a letter. During the rest treatment give food of the most nourishing character, such as freshly expressed beef-juice, a cupful a day; beef powder, beef, mutton, milk, oysters, clams, etc. In this stage strychnine is also of the greatest value. Massaging is also to be used in desperate cases. Electricity is also of great service: so are rarefied air and calisthenic exercises obtained in the pneumatic cabinet treatment. To procure sleep at night, morphine may be added to the hypodermic injections of strychnine.

Success in treating asthma depends as much in the proper management of the individual as it does in the administration of drugs in the proper doses and at the proper time. Principles can only be carried out by paying attention to details; hence each patient must be under the complete control of his physician in regard to his food, exercise, medicines and everything else. This pertains particularly to old asthmatics who are severe and constant sufferers. If the instruction given this evening is closely followed, there are very few cases of this disease which will not yield, and as an illustration of what may be done in desperate instances. I will conclude by relating the condensed histories of the two following examples, the second of which I have still under occasional treatment:

Case I. A., aged 46, a sufferer from asthma for thirty-five years-the attacks becoming more frequent and severe during the last three years. For four weeks before coming under observation he had been unable to lie down on account of his disease. The injection of strychnine, gr. 1-25, and morphine, gr. 1-15, gave him almost immediate temporary relief. The morphine was discontinued after the second day, and one minim of one per cent, solution of nitro-glycerine every four hours was substituted. The strychnine was gradually increased and the nitro-glycerine omitted in the course of a week. Additionally he was kept quiet, received nourishing food, and strychnine by the mouth. In three days from the beginning of treatment he was able to lie down, and in ten days more the asthma had disappeared.

Case 2. B., aged 50, an asthmatic for twenty-five years. Daily attacks for one

year, during which time he had been unable to lie down, day or night. Came under observation six weeks ago, and received about the same treatment as the previous case. The relief was prompt after each injection, but this had to be continued nightly for five weeks to keep the stubborn disease in abeyance. In two weeks he was able to lie down, and is now practically well.

Selected Papers.

THE SIGNS OF ACUTE PERITONEAL DISEASES.

BY DR. SAMUEL GEE.

In the Bradshaw Lecture, delivered before the Royal College of Physicians of London, by Dr. Samuel Gee (British Medical Journal), the author says that the peritoneum has functions, no doubt, but they are so unimportant or so obscure, that however much they may be disordered, there are no symptoms peculiar to the consequent disease, and for this reason the ancients failed to recognize peritonitis as a disease of the peritoneum. When the abdomen was opened in a case of peritonitis it was the highly inflamed viscera that attracted the attention without any thought as to what part of these was first affected, and the terms gastritis, mesenteritis, enteritis, etc., were invented to designate this condition of the different organs. In the latter part of the eighteenth century Suavages invented the term peritonitis, but it was applied to inflammation of the parietal peritoneum only; so that Cullen, in his First Lines, disposes of the disease by saying when it exists alone it is hardly to be recognized, and does not require any special treatment. The first essay on peritonitis conceived in the modern spirit was from the pen of Laennec in 1803.

He gives the local signs of peritonitis as three—pain, meteorism and ileus. Broussais speaks of pain as the only pathognomonic sign, but he fears there is no pathognomonic sign at all. The earlier physicians called the pain of peritonitis colic; and it is highly probable that they were often right, and that much of the spontaneous and paroxysmal pain is due to colic—that is to say,

to vermicular contractions of the intestines much more powerful than usual. Is the tendernoss of the abdomen to pressure due altogether to pressure upon the peritoneum? The skin is also tender sometimes to the gentlest touch. The scalp is sometimes so tender in cases of meningitis as to cause intense pain in being shaved. Simple colic may be accompanied by the greatest tenderness on pressure, and he commends these facts to those who find a difficulty in believing that leeches or blisters applied to the skin can possibly affect a deeply-seated part with which the skin has no obvious connection.

The pain is in great part intestinal, meteorism and ileus entirely so. The pain is in great part due to intestinal spasm, the last two to intestinal paralysis. The hollow viscera with muscular coats are the only viscera which are directly affected by the peritoneal inflammation, and this affection takes the form of spasm or paralysis. Patients with peritonitis are often unable to pass their water, whether from paralysis of the bladder or from inability to start the reflex act may be open to question; the latter is probably the more usual cause. But about the intestinal paralysis there can be no doubt. It manifests itself in its earlier and slighter degrees by meteorism or acute flatulent distension of the bowels. I do not speak of that peritoneal meteorism which is due to the escape of air into the peritoneal cavity in consequence of rupture of some part of the alimentary canal, but of that intestinal meteorism only which is second-

ary to peritonitis. Intestinal paralysis is no longer a matter of inference. Abdominal section nowadays often gives surgeons the opportunity of seeing how intestines which, when first exposed, were in active movement, afterwards become exhausted, and lie limp and motionless. This intestinal paralysis is not continual or not universal, for in patients whose abdominal walls are thin, vermicular movements of the intestines, either spontaneous or produced by handling the belly, can be seen sometimes in spite of very great meteorism. But this is an exception to the rule. Usually no intestinal movements can be seen, and probably none occur, or else they are too weak to show themselves. So we may suppose that the flatulent distension is due partly to relaxation of the intestinal walls and partly to weak peristaltic movement insufficient to pass the wind onwards, a condition closely resembling constipation. This torpid meteorism, I just remark in passing, may be attended by great and constant pain—a fact which seems to show that the pain of peritonitis is due not altogether to colic or painful intestinal contractions, but partly to the inflamed peritoneum itself. Another proof that the intestines are not so utterly paralyzed as might at first seem likely, or that the large intestine at any rate escapes, is afforded by the fact that natural defæcation, or even diarrhœa, will accompany acute peritonitis.

Ileus marks a higher degree of intestinal paralysis with disorder of the peristaltic function and disability to propel its contents. The sign of ileus is vomiting becoming fæcal. The father of physic has well described the course of events, the matters vomited being first mucous, afterwards bilious, and lastly fæcal. Until the vomit become fæcal. or at least porraceous (meaning thereby an appearance like chopped grass or spinach), it is impossible to affirm the existence of ileus. The concurrence of constipation is no help, and indeed, on the other hand, fæcal vomiting may be attended by the evacuation of small loose stools, resembling in color and other respects the pale, uniform, pasty intestinal contents found in cases of mechanical obstruction. I need not stay to bring proof that stercoral vomit may be due to obstruction in the ileum; and

thus the question, formerly so much debated, of possible reflux through the lieo-cæcal valve, loses its interest. Nor need I discuss the mechanism of fæcal vomiting, or say more than that there is no evidence of inverted peristaltic movement of the intestines. If enemata ever become emetic, as Sydenham says they do, it can only be by absorption into the circulating blood, just as vomit may smell of turpentine after the use of that drug in a clyster.

GENERAL SYMPTOMS.

Fever.-Let us now pass on to consider the remote or universal effects of peritonitis. And first of fever. symptom is more uncertain than this; the temperature being sometimes high, and reaching 105° or more; usually but moderately raised; whilst in other cases there may be no fever at all, so far at least as can be judged by a thermometer in the mouth or axilla. This pyrexia is a remarkable symptom when present, as it sometimes is, from first to last in peritonitis the most intense and fatal. We are tempted to speculate upon the cause of so strange a phenomenon; whether an ordinary febrific poison be not produced by the inflammation, or whether an extraordinary febrifuge poison be produced; at present we cannot do more than note the fact. Apyrexia sometimes becomes algidity; an important sign of the lipothymial state to which I shall soon refer.

Putridity.—More certainly due to an infection of the blood are the putrid or septhæmic symptoms which sometimes happen. When we bear in mind that Bichat pointed out that the peritoneal cavity is a lymphatic sac, with a most extensive absorbing surface, and an extraordinary power of absorption, the wonder is that these symptoms do not occur oftener. I will illustrate this form of disease by the case of one of our students at St. Bartholomew's. He was running along the street and got a heavy fall, which was the only discoverable cause for the acute peritonitis that occurred within forty-eight hours. Delirium and diarrhœa were associated with the abdominal pain and vomiting of the first few days. On the sixth day he complained chiefly of pain in his joints; his feet and one shoulder were swollen

and excessively tender. The skin over the feet, wrists and ankles was red in patches. His urine was highly albuminous, but no blood corpuscles or casts were found in the sediment. The diarrhœa continued; he lay in a state of typhomania-that is, of delirium with consciousness much impaired. He had a greater tendency to chills and occasional shivering than is usually met with in cases of peritonitis; the temperature varied between 102° and 105°, until a few hours before death, which occurred on the eighth day. At the post-mortem examination nothing was found but peritonitis and its results; its cause was not found.

Lypothymia.—I will next speak of that marked failure of the vital functions (that is to say, of the circulation, respiration and body heat) which very often accompanies peritonitis. It is a matter for surprise and regret that we have no term in common use to express this set of symptoms. No English word being precise enough, I suggest that we resuscitate the Greek word lipothymia to denote defectio anima, this failure of the vital constitution, whether it be attended or not by lipopsychia, defectio animi, or failure of the animal constitution marked by coma, delirium, or both. Sudden lipothymia is syncope or swooning, syncope due to injury is shock. Lipothymia is manifested by a small, weak and sometimes irregular pulse, by weakness of the heart sounds, by shallow breathing, by lividity with pallor (deathly paleness), and by algidity or failure of the body heat, at least so far as the skin is concerned; the inner heat, as measured in the rectum, may or may not fail to a proportionate degree. In peritonitisapart from perforation-lipothymia sometimes marks the whole course of the disease-and when to lividity, coldness of skin and a weak smail pulse are added diarrhœa with watery stools and suppression of urine the resemblance to cholera is great indeed. But more frequently lipothymia occurs only towards the end of life, and then it may assume, so far as the body heat is concerned, the form of lipyria-another ancient word, which might be revived with advantagethat is to say, while the skin, especially of the limbs, is quite cold, the temperature of the inward parts, as measured by a thermometer in the rectum, is much

above the normal; it may be 105°—a very bad prognostic sign in all acute diseases, and a plain proof of the extreme weakness of the circulation.

Lipothymia without Pain. - Another sign which sometimes attends this final lipothymia-this mortal agony or struggle with death-a sign which has attracted the notice of physicians from the earliest times—is the disappearance of pain and suffering whilst the patient remains perfectly conscious; yet all the symptoms of vital failure persist, and he only whose attention is fixed upon the local signs to the neglect of the prognostic condition of the whole patient can be surprised by what will seem to him to be a sudden and unexpected death. 'Twere curious to inquire into the causes of this cessation of pain, whether it be due to cessation of cramp, whether an anodyne poison be produced in the course of the disease, whether the lipothymia arrest the nutrition of the nerve endings, or whether the sensorium for pain be similarly affected, but I will say no more than to remind you, Sir, that an honorable predecessor of yours in that honorable chair-Sir Henry Halford-once read before the College an essay dealing with this very topic.

Lipothymia without Abdominal Signs .-Still more remarkable, although much less common, is the case of peritonitis attacking a healthy person, lipothymia supervening in the course of a few hours from the beginning, and any local signs of abdominal disease disappearing at the same time. The patient when first seen makes little or no complaint of the abdomen; it is not swollen, and can be pressed deeply without causing pain. But the skin is cold, the heart beats very frequently, no pulse can be felt at the wrist, the respirations are very frequent, the secretion of urine is suppressed. The mind is affected little or much. The patient dies on the first or second day of illness. At the post-mortem examination acute peritonitis is found, but not necessarily perforation of the peritoneum or disease of any other abdominal struc-

Facies.—The last sign of acute peritonitis which I shall notice is that afforded by the look and expression of the face. These signs and such as these, which constitute the prognostics so much trusted by the earlier physicians, can be

learnt in no other way than by a long familiarity with disease. If I allude to name of "facies Hippocratica," it is only to remark that Laennec has endeavored to walk in the footsteps of his great of face often seen in peritonitis and other severe abdominal diseases. peculiar look, which he calls face grippee, is due chiefly, if not wholly, to the features being drawn upwards, so that the forehead is more or less wrinkled, and the naso-labial furrows are drawn inwards and upwards towards the root of the nose and inner canthi of the eyes. I have compared Laennec's verbal picture with the living patient, and have found it to be true to Nature-but not universally true, not present in every case of acute peritonitis. Indeed, I think that the face grippée denotes abpears with the pain, although the disease continue. But we must admit that the local suffering and local signs of disease may be very small, and yet the onset of peritonitis be denoted by a profound features. Surgeons remark this change when an operation is followed by peritonitis; physicians, also, when a perforafever. But peritonitis may be latent not only to its local symptoms, but may be altogether latent, manifested being intercurrent with such diseases as ascites, renal dropsy, pyæmia or typhoid revealed by the post-mortem examination only. Our surprise at this latency diminishes when we reflect that the signs of peritonitis have little or no relation to the peritoneum, but depend upon disorder of other viscera, adjacent or remote.

Does peritoneal perforation yield any peculiar physical sign? None, unless peritoneal tympanites occur; and this depends, of course, upon whether the perforated cavity contains air. Physical examination does not yield a certainty as to the presence of air in the peritoneal sac; absence of the liver dulness is a useful, but not altogether trustworthy sign, for greatly distended intestines sometimes insert themselves between the liver and the parietes, and on the

contrary in cases of adhesion of the convex surface of the liver to the parietal wall would give rise to dulness on percussion even in peritoneal tympanites. The signs afforded by auscultation are less important, because they are common to a great collection of air within the abdomen, whether within the stomach or intestine, or free in the peritoneal sac. A valuable sign is afforded by subcutaneous emphysema, which is, of course, limited to peritoneal tympanites. While the presence of these physical signs is a great help, their absence proves nothing. Perforation of a part of the alimentary canal (for instance, the appendix vermiformis) may occur and be followed by acutest peritonitis, and yet may be unaccompanied by peritoneal tympanites; nothing escapes from the rupture but offensive and poisonous pus. tion may occur with pain as the chief symptom, or ileus without pain or shock, or shock without the other two symptoms; or it may be latent; that is to say, unattended by any symptoms adequate to the diagnosis. Not that they are altogether absent, but they are rendered obscure by occurring in the course of some other disease marked by no less serious disorders. But perforation, latent so far as symptoms are concerned, will sometimes yield one or more of the physical signs of peritoneal tympanites. For instance, in the latter stage of typhoid fever, a rapid and great distension of the belly, such as to stretch the skin and make it shine and attended by disappearance of the liver dulness on percussion, is a tolerably trustworthy sign of intestinal perforation, and is sometimes the only token.

To conclude by referring once more to puncture of the peritoneum as a means for ascertaining the presence of inflammatory effusion. A small incision would seem to be justified by conditions such as these: First, the patient is suffering from acute peritonitis, and the indications of poisonous infection of the blood are becoming more and more marked; or next, there are reasons for believing that perforation of the peritoneum has occurred. In either case, unless we can bring relief, the patient must die. A small incision will not make him worse; nay, to drain the peritoneal cavity affords a chance of recovery; the only objection lies in the natural dislike

to an operation, however small. I wish I could believe that chloroform sleep did no harm, but I fear that this drug has a depressing effect upon persons suffering from acute peritonitis. However, suppose a small incision made, and we find that the peritoneum contains pus or air, beyond simple drainage two further courses lie open to us; we may follow John Hunter's suggestion, and wash the belly out with warm water, a proceeding more serious than simple drainage, or

we may enlarge the incision and search for the cause of the peritonitis, a proceeding highly dangerous, for you will, I think, agree with me when I say that operations of this kind have seldom any other effect than to hasten the patient's end. A simple puncture, if it do not save the patient's life, will at least bring the satisfaction of knowing that the nature of the disease has not been misunderstood.

-British Medical Journal.

ELASTIC CONSTRICTION AS A HÆMOSTATIC MEASURE.

By Nicholas Senn, M.D., Ph.D.

DANGERS ATTENDING ELASTIC COM-PRESSION OF A LIMB.—Compression of a limb by an elastic bandage, as a preliminary step to elastic constriction, secures for the tissues at the seat of injury or the field of operation perfect ischæmia, but is attended by two sources of danger:

I. When resorted to in the treatment of a recent injury or an infective inflammation, it might force pathogenic microbes from the wound or the seat of inflammation into the general circulation, thus adding a general to a local infection, with all the additional risks inci-

dent to such a condition.

2. In operations for malignant disease, carcinoma or sarcoma, it might force tumor-cells into the surrounding tissues, or through the lymphatic or blood vessels into the general circulation, causing thus regional or general dissemination of the disease. These two sources of danger are not imaginary but real, and every surgeon with considerable experience can recall instances where elastic compression could be made answerable for the diffusion of an inflammatory process or the dissemination of a malignant tumor. Fortunately, Lister's ments on the horse have demonstrated that, for all practical purposes, bloodless operations can be made without the use of the elastic bandage by simply placing the limb in a vertical position for a few minutes prior to the application of the constrictor.

DIMINUTION OF BLOOD-SUPPLY TO THE LIMB BY GRAVITATION.—The influence of the force of gravitation on the supply

of a limb becomes apparent by placing the arm in different positions. If one of the upper extremities is allowed to hang by the side of the body, and the muscles are fully relaxed, the veins become turgid, the capillaries distended, and the volume and force of the radial pulse markedly increased, and a sense of fulness and weight is experienced. If the arm is now elevated and held in the vertical position, within a few minutes the cyanosed appearance of the skin disappears and gives way to pallor, the overdistended veins collapse and are emptied of their contents, the radial pulse loses much of its volume and force, and the sense of weight and fulness is promptly relieved. If the limb is maintained in this position for five minutes, it is emptied of blood sufficiently to render operations, for all practical purposes, bloodless at any point below the elastic constriction. If an anæsthetic is used, elevation of the limb and the application of the elastic constrictor should not be done before the patient is thoroughly under the influence of the anæsthetic, as muscular relaxation is a material aid in securing a comparatively bloodless condition of the limb.

FORM AND APPLICATION OF CONSTRIC-TOR.—Many surgeons have been in the habit of using a small solid rubber cord or a rubber tube of small size as an elastic tourniquet. Both of these forms of elastic constrictor are objectionable, as in either instance linear constriction is made, which, particularly if the force employed be excessive, as is so often the case, is so liable to cause temporary or

permanent damage of some of the important tissues interposed between the skin and the underlying unyielding bone. The compression should include a ring at least two inches wide, in order to distribute the pressure over a larger area, in which event important structures are

more likely to escape injury. The best instrument for elastic constriction is a strong band of rubber at least an inch in width, of which at least two turns are applied side by side. the absence of such a constrictor a soft rubber tube half an inch or more in diameter, an ordinary rubber bandage, or an elastic suspender should be used. As soon as the limb has been drained of its blood to the requisite extent by position, the constrictor is applied with sufficient firmness to interrupt at once both the arterial and the venous circulation. Simple as this advice may sound, it is nevertheless a fact that frequent mistakes are made in applying the constrictor properly. It is of the utmost importance that the pressure should first be made on the side of the limb occupied by the principal blood-vessels. pressure is made first on the opposite side of the limb, the superficial veins are constricted first, and before the arterial circulation is interrupted, the limb presents a cyanotic appearance caused by an intense passive venous stasis. If, on the other hand, the elastic pressure is applied in such a manner as to arrest the principal arterial blood-supply first, venous return in the superficial veins is not interfered with until the circular constriction is completed, and the limb below the constriction is then in a comparatively bloodless condition, and remains so after the application of the constrictor. Some tact and experience are necessary in regulating the force required to interrupt quickly and completely the arterial and venous circulation. Less force is required, of course, when the main blood-vessels are near the surface and close to a bone than when a thick layer of muscles is interposed between skin and blood-vessels and the underlying bone. Pressure beyond the required degree, especially if continued for an hour or more, is liable to result in injury of muscles and nerves. and should be carefully avoided. Instead of using the chain or tying the constrictor in a knot, it is better after encircling the limb at least twice to cross the constrictor and fasten it between the blades of a heavy hæmostatic forceps. A well-recognized disadvantage of elastic constriction as a hæmostatic measure is increased parenchymatous hæmorrhage.

The profuse capillary oozing which so often follows the removal of the elastic constrictor, is undoubtedly, at least in part, due to a temporary vaso-motor paresis caused by the constriction. This result is obviated most successfully by keeping the limb in an elevated position at the time the constrictor is removed, and by maintaining this position for at least six hours. The intravascular tension is reduced to a minimum by elevation of the limb, and this condition is most conducive to the formation of a minute thrombus in each of the small vessels-capillaries, arteries and veinsdivided during the operation. Another exceedingly useful resource in diminishing unnecessary loss of blood, after all visible vessels have been ligated and the constrictor has been removed, consists in making firm pressure against the wounded surface. This is most effectually done by using a moist compress of gauze large enough to cover the whole surface, which is firmly held against the wound with one or both hands. After an amputation, for instance, all the principal vessels should be sought for and tied before the constrictor is removed, and the limb held in a vertical position. A compress of moist gauze is then placed against the wound surface, the flaps brought over it, and firm compression made over the end of the stump with both hands for at least five minutes. If the capillary oozing does not yield to this treatment, the wound should be irrigated with sterilized water at a temperature of 110° F., which makes a delicate white film on the surface, and has a very prompt effect in definitely arresting the bleeding. In obstinate cases the addition to these expedients of an application of peroxide of hydrogen serves an excellent hæmostatic purpose, and does not interfere with primary union of the wound.

Other complications arising directly from elastic constriction are:

TEMPORARY LOSS OF MUSCULAR POWER AND NERVE PARALYSIS.—These consequences undoubtedly are often the direct outcome of a faulty use of the

constrictor. The experiments made by me show conclusively that firm constriction, continued for several hours, almost invariably results in loss of function of the limb, which continues for several days or weeks. In these instances the disability was undoubtedly due to injury of the constricted muscles. If in the use of the constrictor more force is used than is necessary to interrupt the circulation, and particularly if linear pressure is made, injury of the muscles exposed to this undue pressure is very likely to be produced. The same can be said of injury to the nerves from the same cause. Two cases of nerve paralysis resulting from elastic constriction have occurred in my own practice.

For the purpose of preventing injurious pressure on nerves from elastic constriction, it is necessary to tie only with sufficient firmness to interrupt the arterial and venous circulation, and the pressure should not be linear, but distributed over a wide area, a ring at least one inch or two in width. The last requirement is best attained by using a wide band, or if an elastic tube or cord is used, the limb should be encircled several times, each turn drawn with uniform force and arranged in such a manner as to compress with equal firmness a wide circle, thus exerting the same effect on the tissues underneath as pressure made by a wide band. If for any reason the constriction cannot be made at a point where the principal nerves are well protected by a thick layer of muscular tissue, a thick compress of gauze should be placed between the constrictor and the limb, in order to protect the nerves against injurious pressure.

Necrobiosis and Gangrene Following Elastic Constriction.— Experimental research has shown that an ischemic condition and elastic constriction, for two hours or more, are liable to produce an unfavorable influence on the karyokinetic processes in the tissues deprived of blood for this length of time. This is sufficient proof that prolonged constriction retards the healing process. Necrobiosis, slow healing and necrosis of margins of the wound are some of the remote consequences which follow prolonged constriction of a limb.

In the use of Esmarch's constrictor in arresting hemorrhage that threatens life, it is practically not necessary to distinguish between venous and arterial hæmorrhage. It was the consensus of opinion of the members of the military section of the last International Medical Congress in Berlin, that it is no longer wise nor practical to differentiate between arterial and venous hæmorrhage in rendering the first aid to the wounded on the battle-field, or in a case of accidental hæmorrhage; that the one point that must be taught the soldier, the brakeman and the conductor is, that if hæmorrhage is so profuse as to threaten life before medical aid can be summoned, it should be at once arrested by elastic constriction-by a suspender, if nothing else is at hand-applied invariably on the proximal side of the seat of the injury. The constriction must be made with sufficient firmness to arrest completely both the arterial and venous circulation, as has been repeatedly insisted upon above. By applying the constrictor only with sufficient firmness to diminish the arterial circulation the venous hæmorrhage is increased. It is by overloading the tissues with venous blood by imperfect constriction that gangrene is invited and venous hæmorrhage increased .- International Med. Magazine.

OPERATION FOR THE RADICAL CURE OF INDIRECT OR OBLIQUE INGUINAL HERNIA.

By F. O. Summers, M.A., M.D.

Having operated with satisfactory results upon a sufficient number of cases for the radical cure of oblique inguinal hernia, to report positively upon the subject, I desire to lay before the profession, through your columns, my me-

thod of operating, that it may be considered by those who are interested in this line of surgical work. I shall not take up time or space in the review of hernia and the methods which have been adopted for its cure—whose name is

legion—but simply state my own method, which has proved absolutely successful in so many cases that I feel justified in offering it as a fixed method of operation for radical cure.

I generally operate without general anæsthesia where the patient is willing to trust to my assurance that there will be but little or no pain connected with the operation. The local injection over the parts of a solution of cocaine hydrochlorate, five (5) grains to the half ounce of distilled water, will generally prove sufficient—using about two hypodermic syringefuls—one at each end of the inguinal canal—external landmarks.

I then invaginate the scrotum—after, of course, reducing the hernia—with the forefinger of my left hand, carrying it

as far as possible up the canal.

With a canula needle I pass a silver suture (No. 26) from right to left, in-

cluding the scrotum on the end of the finger. Clipping that, I pass another from above downward under the former, and then a third across in the axis of the canal. The ends are all then drawn together respectively and firmly twisted, a compress and bandage applied and the patient kept absolutely quiet for four days, when the sutures may generally be removed, although it is safer to let them remain for a week, after which time a bandage or light truss is worn until the neoplasm is complete. Generally the integument of the scrotum will come back down through the canal gradually, leaving the dartos and tunics plugging the cavity, closely attached to the walls of the canal remaining as a permanent and complete obstruction to the passage of the intestine. This is very simple, but in my hands it has proved a brilliant success .- N. O. Med. and Surg. Journal.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D.,
J. ALLISON HODGES, M.D.

Editors and Proprietors.

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Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed

reports of their meetings to the JOURNAL.

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Editorial.

THE JOURNAL UNDER ITS NEW MANAGEMENT.

With this first issue of the New Year the JOURNAL is presented to its readers in new form, with a complete new dress and under a new management. In entering the field as medical journalists, and soliciting the support of the profession, we do so with a full appre ciation of our responsibility to that profession, and of the persistent endeavor that will be necessary to bring any degree of success. Especially do we realize how great a task is ours in maintaining for the JOURNAL, whose conduct we have assumed, the dignity and the high degree of excellence which has characterized it under its former able management. With a deep sense of the obligations we have taken upon ourselves, we would ask our friends to take a glimpse into the future with us that they may know what the object is toward which our efforts will be directed, and how essential is their co-operation to the successful carrying out of our purpose.

Many of our readers will remember the discouraging conditions under which the JOURNAL was established—in the very face of the adverse report of a committee appointed to consider the advisability of establishing a journal of the Society. But its intrepid founder, whose death the profession has but recently been called upon to mourn, felt the great need of such a thing, and with an associate boldly undertook the work. However, in a year or two he was left to bear the burden alone, and it is to his peculiar ability and persevering labor alone that the JOURNAL owes its present high standing in the great army of medical journals. In the December number the retiring editor referred briefly to the many trials that marked the early years of the Journal, and mentioned the fact of his having been associated with Dr. Wood on the editorial staff since the year 1886. It is left for us to inform our readers that upon his worthy shoulders fell nearly the whole burden of conducting the JOURNAL during a great portion of Dr. Wood's illness, and the excellent manner in which his labor of love was performed, even in the midst of a large and important practice, speaks for the wisdom of the choice that made Dr. Geo. Gillett Thomas the junior editor of the JOURNAL.

In changing the form of the JOURNAL we have done what was often in the mind of the former owners, and what we consider to be a desirable thing. The double column page is the form adopted by the leading periodicals of the day, and presents the matter in a shape more easily read, it requiring less effort to pass from line to line. While the number of pages is smaller, the amount of reading matter in each issue is increased, the excess being equal to about eight of the old-style pages. congratulate ourselves and our readers that we are able to present to them a corps of collaborators whose eminence in their profession, and whose rich experience and enviable reputation as practitioners and writers, will ensure the JOURNAL a high degree of excellence and usefulness. The gentlemen whose names appear upon this staff need no introduction to our readers. They represent the most advanced thought and the highest skill in medicine and surgery in this section. Those of our own State are from among our most distinguished physicians, all holding at this time offices of honor and trust, and they are supported on either flank by the brightest lights of Virginia and South Carolina.

It is our aim and hope to make this Journal, while bearing the long-respected name "NORTH CAROLINA MEDICAL JOURNAL," the Journal of the Carolinas, and the medium through which the work and the talent of the profession of these two States may be made known to the world,

and exert their influence in the rapid progress which characterizes the science of medicine at this time. To this end we solicit the support of the physicians of North and South Carolina especially, and of the Southern States generally. We ask both for their subscriptions and their contributions. To the young men whose ideas have not become settled down into ruts and grooves by long practice and prejudice, and who have recently returned from the great centers with their minds pregnant with modern ideas, we look for many bright suggestions in therapeutics and surgical procedures; and to the older men who have learned by years of experience the value of many "old time remedies" (so-called) which are apt to be overlooked in the great desire of the times to run after new things, we look for much wise counsel and timely advice.

It has been a peculiar characteristic of our Southern doctors that they will not write, and we take this opportunity, as we will make many others, to urge upon them the importance of making their experience known to others. This is the season which custom has made the time for good resolves, and it is a good time for you physicians to resolve to turn over a new leaf, and do more literary work in your profession. not wait to write an elaborate essay upon some vexed question in theory, or to report some rare case which may never come into the experience of the majority of those who would read the report; but keep notes of your daily practice and report the results of special lines of treatment in the diseases which make up the daily experience of the doctor. The busy practitioner has little time for reading, and he wants to get the most good he can in that time; and when a long-drawn-out paper finds many readers it is the exception, and depends in great measure on the author's pleasant

style of writing. Do not excuse yourselves by saying that you are too busy to
write; it is the busy physician who has
the rich experience, and it is his duty to
make the result of that experience
known. He is rather to be excused for
not writing who has the most time. The
more time, the less experience; the less
time, the more experience.

We propose to give our readers many valuable papers in our Original Department, and while we hope to draw largely upon our home talent for this matter, we will present papers and lectures from the eminent practitioners and teachers of the great cities. We will present abstracts from Society Reports, and in this connection we solicit condensed reports from county societies in the Carolinas. Many good papers are read at these meetings which never, probably, go beyond the walls of the building in which the meetings are held. The journals of this and other countries will be carefully scrutinized for instructive and interesting matter and abstracts presented of the more important papers; recent literature from the more important medical publishing houses will be noticed and reviewed impartially; and space will be devoted each month to therapeutic suggestions, where will be found many favorite formulas of successful practitioners.

A new feature which will be of interest to many of our readers will be a space where paid-up subscribers desiring to change their locality, and purchase or dispose of practice or property, may make their wants known free of cost.

As it has done in the past, so in the future will the JOURNAL give its whole influence to promoting the welfare of the Society of which it has the honor of being the official organ, to elevating the standard of medical education, and to preserving the honor and dignity and advancing the interests of the profes-

sion. We hope to merit and have the support of every physician of the Carolinas, and especially of the members of the State Societies, and to see the JOURNAL go on increasing in popularity and usefulness.

In conclusion, we beg to remind our friends, who have gotten in arrears with their subscriptions, of the great importance of prompt payments for maintaining the standard of usefulness which will do honor to the Society and the State Profession, and ask those, who have not done so already, to remit as soon as possible the amount of their accounts as sent to them a few weeks since.

Asking the pardon of our readers for having consumed so much of their time, and with feelings of great encouragement due to the many kind expressions that have come to us, we extend to them all friendly greeting, with our heartiest good wishes for their happiness and prosperity during the New Year.

PRESENT STATUS OF WOUND TREATMENT.

With the advent of the New Year it well becomes the profession to consider briefly the present most approved methods of treating wounds.

With the passing of the years and the corresponding advancements in surgical procedures, the rash methods and wild speculations of the enthusiasts for rigid and thorough antiseptic measures have been greatly modified, and a salutary reaction has set in as regards wound treatment.

Since 1885 the pendulum of antisepsis has swung far out, but it is now vibrating towards a more agreeable and rational standard. Once it was supposed that it alone could meet all the requirements of surgical cases so far as preventing the entrance of pathogenic microbes into wounds, but now it is

admitted by all reputable surgeons that asepsis, also, must be the prominent, if not the essential, feature in the performance of ordinary surgical operations.

In reviewing the surgical history of recent years, it is evident that antisepsis alone has not yielded the once promised results of brilliant success, while asepsis, on the other hand, has gained steadily in popular favor, and to-day, more than ever before, is claiming the recognition and endorsement of the profession.

Accordingly, the necessity for perfect and absolute cleanliness in all surgical cases is now deemed imperative, while the importance of chemical antisepsis is considered of far less value than in former years. The tendency now is to dispense with the elaborate antiseptic system of Lister, and, instead, simplify more and more the technique of surgical cases by the employment of thorough cleanliness and the utilization of heat as a germicide; and with these simpler methods, that are within the grasp of every practitioner of medicine, have come better and more satisfactory results.

No one who has had extended surgical experience can deny the possibility of wound infection from the air, and yet, in this sparsely settled country of ours, this is a factor little to be considered, except, perhaps, in operations upon joints, brain tissue, etc., and in these cases all precautionary measures should be undertaken.

Without elaboration, the following are the most noticeable points to be considered in the modern treatment of wounds, though, of course, the technique varies somewhat in the hands of different surgeons: The surface upon which the operation is to be performed should be thoroughly and diligently cleansed by repeated washings and scrubbings in hot soapsuds, frequently changed. The hands of the operator and his assistants should be subjected to the same condi-

tions for at least five minutes, care being exercised to have the nails thoroughly cleansed and brushed. The instruments can best be sterilized by boiling them for twenty minutes in a pint of water, to which a heaping teaspoonful of bicarbonate of soda has been added, and they can be taken directly from this solution for operation.

Germicides.—The use of powerful germicides, such, for instance, as the strong bichloride solutions, I to 2,000, is becoming less popular, and they are employed now principally for cleaning sponges, tampons, etc.

The tendency is to use, after the first incision, either weak bichloride solutions, weak salicylate of sodium solutions, or simply boiled water, for, while it is admitted that the strong bichloride solutions may destroy the germs which gain access, it is also known that such solutions provoke irritation of the wounded surfaces and lessen the resistance of living cells, thereby delaying the processes of healing. Profuse irrigation of wounds is discountenanced also, for it encourages a serous exudation that interferes with prompt healing.

Ligatures.—Since ligatures are foreign bodies in wounds, the tendency is to dispense with them as much as possible. But if they are used, catgut, properly prepared, is preferred generally as the most suitable material.

Instead of ligatures, torsion of the vessels is relied upon. The pressure of the hæmostats is now much utilized for this purpose, but care must be taken in their use. The vessel itself should be seized alone if possible, for if the surrounding tissues are involved they are crushed and devitalized, and thus become foreign bodies in the wounds. Many major amputations have been performed successfully without ligating a single vessel.

Drainage.—The general tendency of the day is to dispense with drainage Editorial.

whenever it is possible, for the drainagetube being a foreign body, is open to many objections. This can be done in a all clean-cut wounds especially, and even in some of the larger operations where there has been no previous infection with the ordinary pus microbes. In certain cases, however, drainage is absolutely necessary, and must be maintained.

Closure of the Wound .- Much attention is now devoted to this important procedure. The operation completed some surgeons, just before the application of the sutures, have the wound flushed with a weak antiseptic solution, such as a 0.6 p. c. solution of chloride of sodium, while others prefer the use of sterile lotions, as boiled water or boiled normal salt solutions. Still others apply to the wounded surfaces a solution of zinc chloride, twenty grains to the ounce, thereby removing all shreds and coagula. This done, the whole wound is lightly packed with sterilized gauze. consisting of one long, narrow strip, The wound is then sutured over this gauze, great care being exercised to perfectly coaptate the surface, with the exception of one corner, through which an end of the gauze-packing is protruding. The gauze is then withdrawn through this aperture, while an assistant makes pressure with sterilized sponges over the wound cavity, and the wound is finally closed by knotting the last sutures which were placed before the gauze was withdrawn.

Dressings.—Most surgeons prefer to place over the line of incision a smooth surface, such as gutta-percha tissue or Lister's protective. When these are not at hand, a suitable and serviceable antiseptic paper can be prepared by making a solution of two and one-half drachms of bichloride of mercury to a pint of distilled water that has been boiled and allowed to cool, to which also six drachms of glycerine has been added, and immersing in it sheets of unsized

paper, which are then allowed to dry. Over this is placed absorbent gauze or sponges covered with sterilized gauze, the quantity varying according to the amount of wound discharge expected; then comes a thick layer of absorbent or bichloride cotton, and, finally, a snugfitting bandage. Such a dressing is often undisturbed for from four to twenty days, but usually the sutures are removed on the sixth or seventh day, and the wound is found entirely healed.

The above facts here collated and briefly considered are recited not so much to show the modification of the views once held upon the treatment of wounds, as to impress the practitioner, and especially the country practitioner, that he has at his command all the required materials for conducting the most approved aseptic operations, and that his removal from the great centres of medical learning and surgical paraphernalia is no excuse for his not always securing antiseptic results, even when the surroundings are most unfavorable and discouraging. The object of this article will not be gained if this point is not emphasized.

MEDDLESOME MIDWIFERY.

The proper management of obstetrical cases requires great skill. Notwithstanding this, these cases, involving, as they do, the health and life of at least two persons, are more often entrusted to the treatment and care of novices than any other class of cases.

The proper conduct of a simple obstetrical case, from its commencement through the puerperium, is almost as much a quastio vexata to-day among the members of the profession as ever, but if there has been one lesson learned from the numerous experiments that have been undertaken, and from the many theories that have been promulgated and so enthusiastically endorsed,

that lesson is that too meddlesome midwifery is bad practice. It is true that many obstetricians, either through a lack of . knowledge or from carelessness and indifference, do too little for the safe delivery and after-comfort of their patients; and it is equally true that too many, in their ardor for antiseptic results, are too meddlesome in their conduct of confinement cases. Recently, the writer, having occasion to examine into this subject, found that one author, whose reputation is unquestioned in the obstetric art, advocated an antiseptic irrigation after every vaginal examination, and that later, in detailing a complicated case, he incidentally mentioned the use of twelve vaginal douches!

It is a fact that antiseptic midwifery demands absolute cleanliness, but from a comparison of the data as published by nearly forty writers, we find that the consensus of opinion is largely in favor of dispensing with the antiseptic vaginal douche altogether during puerperium, and never during labor, except as recommended by a few authorities, before the first examination, and perhaps once during the continuance of the labor, if it be a prolonged one, or if infection has been known to exist. Every infection during or before the birth comes from the air, the hands, or the instruments, consequently, as cleanliness is the first law of prevention, due regard must be had to these important points. physician and all the attendants must be rendered as scrupulously aseptic by the lavish use of soap and water as the patient herself, and the physician should refrain from vaginal examinations unless absolutely required.

The air in the lying-in chamber should be pure and fresh, with plenty of sunlight; for while a dark room, with closed blinds and drawn portieres may be esthetic, it cannot be considered conducive to convalescence. The clothing of patient and accoucheur, alike, should be kept free from soil, and all articles that come in contact with the patient should be thoroughly disinfected.

If all these injunctions be rigidly enforced, much has been done to lay the foundation for a physiological labor without subjecting the patient to the risk of poisoning from repeated vaginal and intra-uterine douches of toxic drugs.

TIME AND PLACE OF MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CARO-LINA.

At the last meeting of the Society Winston-Salem was selected as the place of meeting for 1893, and the time was left to be decided by the Committee of Arrangements, Since that time, however, Winston has suffered from a disastrous conflagration which destroyed the beautiful and spacious Zinzendorf hotel. As it is entirely out of the question to expect the hotel to be replaced in time for the Society meeting, and the other hotels being altogether inadequate to accommodate so large a body, the entertainment of the Society would of necessity devolve upon the individual courtesy of the citizens, but, while this certainly adds greatly to the enjoyment of the members, it has been found to interfere seriously with the work of the Society in that members are thereby detained from the sessions. The profession of Winston-Salem have, therefore, as will be seen from the following communication received by the Secretary of the Society, abandoned the idea of having the Society meet in their city, but announce that the meeting will be held in Raleigh, beginning Tuesday, May oth, 1893:

R. D. Jewett, M.D., Sec'y Medical Society of North Carolina:

DEAR SIR:—The destruction by fire of our principal hotel has rendered the satisfactory entertainment of the mem-

bers of the Medical Society of North-Carolina, at its next meeting in this place, an impossibility. The Raleigh Academy of Medicine, appreciating our misfortune, has most generously offered us the privilege of holding the next annual meeting in Raleigh, and we have reluctantly accepted their courteous invitation. The next meeting of the Medical Society of North Carolina, therefore, will be held in Raleigh, N. C., beginning May 9th, 1893.

Yours truly,

HENRY T. BAHNSON, M.D.,
for the Physicians of Winston-Salem.

While many will feel great disappointment in that they will lose this opportunity of a visit to Winston-Salem, we can, in all sincerity, congratulate the Society in having fallen into such good hands as the profession of Raleigh have always proved themselves on such occasions.

THE SOCIETY PRIZES.

One word to the members of the State Society. For several years there has been a standing prize of One Hundred Dollars offered for the best essay on scientific medicine—to be original matter. The highest standard of excellence will be required, and the essay must give evidence of original research. The prize is known as the "Pittman Prize," having been established by Dr. N. G. Pittman, of Tarboro, in 1886, and is offered to members of the Medical Society of North Carolina only.

There is another prize of Fifty Dollars, known as the "Duffy Prize," likewise open to members of the Society. Essays in competition for this prize have heretofore been restricted to *Hæmor*-

rhagic Malarial Fever and Its Treatment, but Dr. Francis Duffy, of Newbern, has advised the Secretary of the Society that he has decided to widen the field for competitors by changing the restriction to "research into the Materia Medica indigenous to North Carolina."

We regret to have to say that only once since the "Pittman Prize" has been established has there been presented essay in competition which was considered by the Committee as worthy of the prize. And while the "Duffy Prize" is not intended as a standing one, it seems in danger of becoming so because not won. At the last meeting of the Society two papers of considerable merit were presented, but were not upon the subject for which the prize was offered.

We call the attention of the members of the Society to these prizes thus early, with the hope that they will bestir themselves, and prepare essays in competition that will bring honor to the Society.

We well know, as do all, that it is not due to lack of talent in the Society that these prizes go over from year to year unwon, but it is, and can be, only indifference—we cannot call it modesty. Surely in a membership of nearly five hundred there will be found a few who have pride in the repuation of the Society, and will not permit the committees on these prizes to bring in the same stereotyped report, "No essay was presented of sufficient merit to be considered worthy of the prize," when the Society meets in Raleigh next May.

Reviews and Book Motices.

A Manual of Medical Jurisprudence. By Alfred Swain Taylor, M.D., F.R.S., revised and edited by Thomas Stevenson, M.D., London. Eleventh American edited with citations and additions from the twelfth English edition, by Clark Bell, Esq., President of the American International Medico-Legal Congress of 1893. 787 pages, thö illustrations. Price, cloth, \$4.50; sheep, \$5.50. Lee Brothers & Co., Phila., 1892.

This edition of this popular work is an entire revision of all prior American and London editions, and includes the admirable work with which Dr. Stevenson has enriched the twelfth English edition. Much new matter has been added, and in making additions upon legal questions and the present state of the law bearing on medico-legal matters, there have been cited nearly 700 cases and authorities. This, while not of great moment to the medical man, is an evidence of the thoroughness of the work which is intended for the legal as well as the medical profession. This work has long held the lead as authority in forensic medicine, and will probably continue to do so as long as such ably edited revisions are published. It should be upon the shelves of every medical man who may be liable to be implicated in a trial at court on medical matters, and which one is not?

Tuberculosis of Bones and Joints, By N. Seun, M.D., PhD., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic, etc., etc. Illustrated with 107 Engravings (seven of them colored). In one handsome Royal Octavo volume. 520 pages Extra cloth, \$4.00 net; sheep, \$5.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert St.

Dr. Senn's careful research, clear and concise style of expression, originality of thought and extended experience, have rapidly gained for him a place as an authority in his branch. In his

present work he has fully sustained his reputation as student and teacher, and has given us, without doubt, the most thorough and valuable treatise on the subject of tubercular disease of the bones and joints yet offered to the profession. He begins with a brief and interesting history of "white swelling and of the different steps and discoveries which led to the recognition of its tubercular nature. Chapters III and IV treats of the bacillus tuberculosis and the histology of tubercle, with a description of the best methods of staining, illustrated by colored plates of microscopical sections.

After describing the processes resulting in caseation and abscess, he goes on to the Topography of Bone and Joint Tuberculosis. Chapters IX to XII are devoted to tuberculosis of bone, Chapters IV to XXIV to tuberculosis of joints, in each the etiology, symptoms and diagnosis, prognosis and treatment being considered.

Chapter XXII is devoted to a description of tuberculin and a review of its history as a means of diagnosis and treatment. The greater part of this chapter is reprinted from the author's paper, which appeared some months since, entitled "Away with Koch's Lymph," and he explains that "this chapter has been written for the special purpose of placing myself on record as one who protests against further experimentation with this mysterious and dangerous fluid." The next two chapters describe the conditions for, and the method of. using intra-articular and parenchymatous injections of iodoform as a means of treatment, and gives the author's experience in the use of the treatment. He concludes that the method is indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment; of all substances iodoform has vielded the best results; a 10 per cent. emulsion in glycerin or olive oil is the best form in which to administer it: an ethereal solution should never be employed: abscesses and joints containing synovial fluid should be washed out with a 3 to 5 per cent, solution of boric acid before the injection; injections should be continued at intervals of one or two weeks if symptoms of improvement show themselves, which will be not later than after the second or third injection: this method has yielded the best result in disease of the vertebræ and the knee and wrist-joint: it constitutes a valuable preparatory treatment where operation is necessary and adds to the certainty of a favorable result. Balsam of Peru ranks next to iodoform and should be tried if the latter has failed.

Chapters XXV to XXX describe the different operations of arthrectomy, resection and amputation, with their remote result, and the last seven chapters treat of the disease as it affects the bones of the trunk and the special large joints.

In the treatment of coxitis the author dismisses the treatment by extension and immobilization in two short paragraphs. He claims the weight and pulley as the most efficient extension, and it should be resorted to in all cases in which pain is a prominent symptom and where the muscles around the hip-joint have become contracted. He says "extension by the different kinds of walking splints cannot be relied upon in cases in which this method of treatment is indicated." We are disappointed in that the author has not dwelt more at length on this part of his subject.

An American Text-Book of the Medical and Surgical Diseases of Children

Is announced by Mr. W. B. Saunders as in preparation, to be sold only by subscription. It is under the combined editorship of sixty-two distinguished phy-

sicians from all sections of the North and West. It will be similar in style to the text-book on surgery recently issued by the same house and which has had a phenomenal success, having been adopted as a text-book by forty-nine leading medical colleges and universities, with a sale of nearly five thousand to individual physicians.

International Clinics, A Quarterly of Clinical Lectures by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M.D., and J. P. Crozier Griffith, M.D., Philadelphia, and J. Mitchell Bruce, M.D., F.R.C.P., and David W. Finley, M.D., F.R.C.P., London. Cloth. Royal Octavo, pages 375.

The contents of each of these volumes are divided into the general heads of Medicine, Surgery, Gynæcology and Obstetrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology.

Vol. III contains forty-two lectures and Vol. IV forty-three, the latter also containing a memoir of Dr. Theodore Parks. Each volume is thoroughly indexed, and Vol. IV contains a general index. It would take several pages to reproduce merely the titles of the papers presented in these two volumes, with the names of the authors. We must satisfy ourselves with simply citing a few that our readers may have an idea of the wealth of interesting and valuable matter is here offered to them.

Under the section devoted to *Medicine* we find Various Forms of Purpura, by Thomas Oliver, A.M., M.D.; The Reduction of Temperature in Typhoid Fever, Especially by Cold Baths, by W. Gilman Thompson; Catarrhal Pneumonia in Children, by F. Forchheimer, M.D.; Angina Pectoris, by William C. Dabney, M.D.; Treatment of Acute Pneumonia, by Sir Dyce Duckworth, M.D., LLD.; Aortic Insufficiency, J. E. Atkinson, M.D.; Examination of the Sputum for Tubercle Bacilli, by Percy Kidd, M.D.,

Under Surgery—Tuberculosis and Excision of the Knee-Joint, by Edmund Andrews, M.D., LL.D.; Pott's Disease of the Spine, by V. P. Gidney, M.D.; Gangrene, by Frederic S. Dennis, M.D.; Fracture of the Skull, by John Ashhurst, Jr., M.D. Under Gynacology—Cancer of the Womb, by Wm. Goodell, M.D.; Removal of the Uterine Appendages, by F. H. Champneys, M.D., F.R.C.P.; Incomplete Miscarriage, by Alex. J. C. Skene, M.D.

These have been jotted down as they have been turned to haphazard, and are given as an illustration of what may be found in this work.

The Students' Quiz Series, Diseases of the Ear, Eye, Throat and Nose. A Manual for Students and Practitioners. By Frank E. Miller, M.D., James P. McEvoy, M.D., and John E. Weeks, M.D. Series edited by Bern B. Gallaudet, M.D. Philadelphia: Lea Brothers & Co. Price \$1.00.

Physiology, A Manual for Students and Practitioners. By Frederic E. Manning, Attending Surgeon Manhattan Hospital, New York. Edited by Bern B. Gallau det, M.D. Philadelphia: Lea Brothers & Co.

These little volumes in the form of questions and answers are based upon the larger text books and are intended as helps in reviewing for the examination room subjects which should have been learned from lectures and the more elaborate text books. They are freely illustrated and the answers generally are in accord with modern teaching, but for the sake of brevity the great essential of quiz-compends, they are greatly condensed and some very important things omitted. The student will do better and learn more if he will take careful notes of his lectures and use these in preparing himself for his examinations.

Climatology of North Carolina.

The above is a title of a publication of 184 pages just issued by the N. C. Agricultural Experiment Station. It em-

braces all of the meteorilogical records, ever taken in North Carolina from the earliest time to the present. The first record is in 1820 at Chapel Hill and was taken by Dr. Caldwell, president of the University. One hundred and seventy-one separate sets of observations are embodied in the report taken in seventy counties. From the results of these observations it is ascertained that the mean annual temperature of the whole State is 59 degrees, and almost exactly the same as the mean annual temperature of the whole northern hemisphere. The mean annual precipitation is 52.29 inches.

Among the table of contents is included a brief history of the N. C. State Weather Service in co-operation with the U. S. Weather Bureau, a report of work done in 1891, annual summary for 1891, tables of normals for the State, index of all observations made in the State, tables of monthly mean temperature and precipitation at all stations from 1820 to 1892, tornadoes in North Carolina from 1826 to 1892, sketch of the physical geography of the State, a general sketch of the climate of the State.

It is believed that few States have ever issued any publication of such permanent value and interest as the present one, and it shows that North Carolina is fully abreast of the times.

Over One Thousand Prescriptions, or, Favorite Formulæ of Various Authors, Teachers and Practicing Physicians, the whole being carefully indexed and including most of the newer remedies. Price \$1.00. The Illustrated Medical Journal Co, Detroit, Michigan.

The title page explains satisfactorily the nature of this volume, and we will only add that there are very many valuable suggestions to be found in its pages, and that each alternate page is left blank that any private formula may be copied thereon and so be included in the general index.

Acne and Alopeoia. By L. Duncan Bulkley, A.M., M.D., Professor of Diseases of the Skin. New York Post-Graduate School; Physician to the New York Skin and Cancer Hospital, ec. Physician's Lei sure Library. \$2.50 a year, single copies 28 cents. Geo, S. Davis, Detroit.

These two diseases, which are of such frequent occurrence, and which so often present so many difficulties in their treatment, are discussed in the present little volume in a clear, concise and practical manner.

Diseases of the Kidneys and Bladder, A Text-Book for Students of Medicine. By W. F. McNutt, M.D., M.R.C.S., Ed., L.R.C.P. Ed., Professor of the Principles and Practice of Medicine, University of California, etc. Octavo. Cloth. 248 pages. Philadelphi: J. B. Lippincott & Co. 1893. Price \$2.50.

The subject is divided into five sections by the author. Section I is de-

voted to the anatomy and physiology of the kidneys, with anolamies of position, form and number. Section II. to the diseases of the kidneys. Section III. to diseases of the pelvis. Section IV. to diseases of the bladder; and Section V. to a discussion of diabetes.

The book is based upon notes of lectures delivered to the students of the University of California, some of which lectures have been revised and enlarged. The nomenclature of kidney diseases, especially the inflammatory varieties, has been simplified as much as possible. The descriptions of the physiology and histology and the various pathological conditions of the kidneys are very clear and will be readily understood by the student, for whom especially the work is intended. The illustrations are not numerous but are very good and serve well to illustrate the text.

Society Reports.

THE BUNBOMBE COUNTY MEDI-CAL SOCIETY.

This Society met in regular session January 3d, 1893, President Whittington in the chair.

Dr. von Ruck, by request of the Society, read a paper on the Treatment of Pulmonary Tuberculosis Apart from Climate. The author stated that the remedies, if any we have which are of benefit at all, should find employment at climatic resorts as well, climate being by no means a specific or so uniform in the results that having resorted to it we can complacently await the patient's recovery. To show his estimation of remedies he describes their employment in the special institution for phthisical patients under his charge, and believes

that the same methods can be carried out in private practice at least to a degree that would assure improvement and cure in a greater number of cases.

Patients at the Winyah Sanitarium are first instructed as to the danger from their expectoration, and receive proper instructions as to its safe disposition. They are warned of the danger from physical and mental over-exertion and are told that while exercise is essential and beneficial it becomes indifferent or a source of danger and a cause for relapses when carried to a degree of sensible fatigue, or when it is taken so rapidly that it produces shortness of breath. Fever is treated by absolute rest and proper diet, and, if necessary, by stimulants and hydropathic applications. Drug anti-pyretics are entirely avoided. The diet for fever patients is light, in high fever solid food is entirely avoided; the feeding is frequent and if patients lose flesh under the regimen rectal feeding is resorted to in addition. Patients free from fever receive a generous mixed diet, well cooked, nicely served to the avoidance of pastries and articles of food which in the particular case seem to disagree.

In dilitation of the stomach and severe gastric catarrh lavage and the use of electricity are recommended. Creosote is only given for its influence upon digestive derangements, and the author says it has no specific effect upon the tubercular process, having demonstrated that the germs grow luxuriently in blood serum from patients who are practically saturated by large and long continued doses of creosote, and that the germs from their sputum will produce virulent cultures.

As a general tonic, and to prevent taking cold, every patient receives, before rising, a cold water rub with brisk friction thereafter, and in weak heart he uses strychnine in full doses.

Cough mixtures are never used, the general management being correct there is no indications for them. Local pleurisy is treated by rest and counter-irritation.

Urine analysis is made in all cases where the disease has advanced to destructive changes, amyloid kidney being more frequently found than the text books indicate, and these cases are considered hopeless.

Bloody expectoration is treated by rest and cough then moderated by codeine. Expectoration of clear blood and more decided hemorrhage occurred in less than one per cent. in his institution, and also much less frequently in his private practice since he has learned to appreciate the detrimental effects of over-exertion. He distinguishes the form due to destructive changes and

that which results from over-exertion, rest, diet, ice, ergot, morphia, strychnia and astringent inhalations being considered the most useful treatment.

The author still believes in tuberculin, although he is obliged to abandon its more general use in his institution owing to prejudice both of the profession and of patients. He never saw any disagreeable effects, on the contrary he witnessed most satisfactory improvements under its use as advised by him.

The pneumatic cabinet is used in a restricted sense and good results as to better circulation and vital capacity are obtained.

Oxygen and ozone are used frequently in connection with feruginous preparations, when anæmia does not yield to the climatic and other influences.

Plenty of out-door life is recommended both at home and at the resort.

A resolution of thanks to Dr. von Ruck was adopted by the society.

Dr. Fletcher demonstrated a specimen of large uterine, fibroid polypus recently removed by him, the growth having given rise to hemorrhage and being partially protruded from the cervix.

Dr. von Ruck was appointed a committee of one to draft suitable resolutions and to convey them to the family of the recently deceased Dr. Harry S. Williams.

The Society then adjourned.

DR. HARRY S. WILLIAMS.

At the meeting of the Buncombe County Medical Society held at Asheville, January 2d, 1893, the following preamble and resolutions were adopted:

WHEREAS, In the death of Dr. Harry S. Williams the profession has lost a member who gave promise of a most brilliant professional career, and who by his high character and social qualities was esteemed by all who knew him.

Resolved, That we express our realization of the great loss sustained by the profession and the community, and extend to the bereaved family our heartfelt sympathy in their great affliction.

KARL VON RUCK, Committee.

WM. BAIN HENDERSON, M.D.

Dr. William B. Henderson died at his home, in Rocky Mount, July 3d, 1892. He was born in Gaston county, North Carolina, December 26th, 1861. He received his collegiate education at Davidson College, graduating in the class of 1885. He immediately entered the Medical Department of the University of Maryland, from which he was graduated Doctor of Medicine in 1887.

On returning to North Carolina Dr. Henderson presented himself before the State Board of Medical Examiners at their meeting in Charlotte in April, 1887, and received his license to practice medicine in this State, having stood an excellent examination. At this time he also became a member of the North Carolina Medical Society. After receiving his license, he settled in Mount Holly, where he continued to practice his profession among the residents of his native county and those adjoining

until June, 1892, where he was stricken down by an attack of typhoid fever, which proved fatal in three weeks. He was a very successful and popular physician, and his skill and kindness during his short professional career of five years, made him many friends among all classes, who mourn the loss of their faithful physician and valued friend.

Dr. Henderson was married December 17th, 1890, to Miss Louise Dewstoe, of Dubuque, Iowa, and she, with an infant daughter, survives him.

E. M. LITTLEJOHN, M.D.

We chronicle the death of Dr. E. M. Littlejohn, of Thomasville, at the age of twenty-eight. Dr. Littlejohn was born near Louisburg, Franklin county, N. C., and was the son of Gen. Joseph Blount Littlejohn. He graduated with distinction at the Baltimore Medical College in 1885, taking the gold medal.

Current Literature.

THE TREATMENT OF ULCERS BY STRAPPING.

Dr. Charles E. Quimley (N. Y. Med. Record) presents the following indications for, and method of, applying adhesive straps in the treatment of chronic ulcers, based upon his experience in the surgical division of Bellevue Hospital. He says:

However valuable or generally available in hospital service recent methods of skin-grafting may be, the chronic ulcer has not yet become a thing solely of historical interest. That it may be cured in most instances in a small fraction of the time required under the common methods of strapping or bandaging I know. I therefore take the llberty of recalling the indications for the

use of adhesive straps and pointing out the necessary method of their application to most completely fulfil these indications.

Adhesive straps can fulfil these indications:

r. Approximation of ulcer margins: Thus diminishing the cavity to be filled by granulation, the surface to be covered by cicatrization and the subsequent injury from contraction. Such approximation implies the production of more or less cutaneous tension, and unless such tension is uniform circulation and local nutrition will be impeded. It is impossible to produce even moderately uniform cutaneous tension by the old method of strapping.

2. Compression: Either for absorption of inflammatory exudate and new

tissue, or to restrain exuberant and prevent fungoid granulations. Such compression also must be uniform and elastic.

3. Support of tissues: Thus favor-

ing circulation and nutrition.

4. Relief of tension and bending in cutaneous border of ulcer. The most important indication, as bearing on local nutrition and the one which common methods of strapping most completely fail to fulfil.

To attain in the most satisfactory manner and degree the foregoing indications the following method of strap ping will be found competent:

r. Adhesive straps should not be over one inch in width, and usually a narrower strap is to be preferred.

 Straps should be as short as is consistent with a firm hold on healthy skin, and should never fully encircle the limb.

3. All straps should be applied at right angles to the long axis of the ulcer, subject to slight modification by the direction of greatest cutaneous elasticity, and are to be adjusted in two sets.

First set.

4. These straps are applied in the usual manner by fixing one end on healthy skin and approximating the edges of the ulcer as the other end is applied and fixed.

5. The first strap of this set should

bisect the ulcerated surface.

6. Each succeeding strap of this set should bisect uncovered ulcerated sur-

7. As any strap becomes loosened, one end should be freed and reapplied

under appropriate tension.

8. Straps should be applied in this manner until the uncovered strips of ulcerated surface are narrower than the straps in use. The second set is then applied.

Second set.

9. Each strap of this set is to be applied from its centre to both ends simultaneously under appropriate tension, so as to cover an exposed strip of ulcer, and overlap two adjacent straps of the first set. To accomplish this, the straps are held by both ends and adjusted while being firmly stretched.

The degree of tension under which these straps are applied will depend upon the tension under which the first set have been adjusted. If applied under too high tension they will cause puckering of the straps of the first set.

When it is desired to have the tissue compression especially even, it is well so to arrange the first set of straps that the strips of ulcer to be covered by the second set are reduced in width to a narrow line. Even when this is done it is quite as well to use at least a half-inch strap for the second set. When the strapping is completed openings for drainage may be made as necessary.

The essential factors in the foregoing

method are:

 The straps are all applied in the same direction, that of the desired traction, and therefore render their full adhesive value.

2. No two traps are allowed to come in contact until the second set is applied. As the major part of the effect depends upon the first set of straps, this principle of non-contact is of the utmost value. As succeeding straps relieve the strain upon those already adjusted, any loosened strap can be detached and reapplied without disturbing others, and thus each strap made to exert its equable portion of tension and compression.

3. To gain the most even results, this condition of equal strain should be maintained from the outset of the strapping rather than attempted after all the straps of the first set are applied.

The results which can be obtained by careful and intelligent use of the above method are so far superior to those by any other measures as to leave little, if anything, to be desired.

THE SURGICAL TREATMENT OF GENERAL PURULENT PERITONITIS.

After a thorough discussion of the literature and statistics on this subject, Korte, (Arch. fur klin. Chir., Band xliv., Heft 3), comes to the following conclusions: There are but a small number of these cases that can be cured, since, though we may remove the product of suppuration, we cannot, in all cases, find and remove its cause; a prognosis is, therefore, ever difficult and often impossible. Statistics are incomplete, and a true percentage of mortality cannot be deduced. Great progress would result if a distinction were always made be-

tween cases with and without adhesions. As internal treatment is so absolutely powerless, and death is so certain without surgical interference, abdominal section should always be performed, with the purpose of evacuating and draining the peritoneal cavity.—American Journal of Medical Sciences.

THE EARLY EXTIRPATION OF TUMORS.

BY JOHN W. S. GOULEY, M.D.

Most of the following propositions were submitted for discussion and for an expression of the views of mcmbers of the New York State Medical Association concerning the metamorphosis of external tumors, the propriety of their excision in an early stage of development, and the contra-indications of operative interference:

I. There is no solid tumor that may

not become malignant.

2. Although metamorphosis of benign into malignant tumors seems to be a well-established fact, the precise time of its beginning has not yet been determined.

3. A stage of benignity has been observed in the most malignant tumors. This benign stage is often short, but it sometimes continues many years.

4. Potentially malignant tumors may, with great advantage, be excised during an early period of their benignlty.

5. Exclusive medicinal or local treatment of tumors can be of no service, and may be considered as indirectly harmful by preventing or delaying surgical treatment.

6. It is not necessary to make an accurate differential diagnosis of tumors

until after their excision.

- 7. Accessible morbid growths should be excised as soon as discovered, however small or apparently harmless, because they are worse than useless to the human economy, because of their liability to be transformed into malignant tumors, and because no means are yet known by which to ascertain the exact time of the beginning of metamorphic action.
- 8. Recurring tumors should be excised as soon and as often as they appear, so long as there is enough tissue

for cicatrization. In some cases skingrafting is of the greatest service.

9. Before excision of a malignant breast-tumor, and the axilla should be cleared of all lymph-glands, and the last part of the operation should be the removal of the breast, together with the surrounding connective tissue and pectoral fascia.

10, Whenever its locality permits, the wound resulting from the excision of a malignant tumor should be seared

with the thermo-cautery.

11. "Atrophic" carcinomata should be excised in the beginning of fibrous transformation, but should not be removed when in an advanced stage of sclerous degeneration, particularly when metastasis to internal organs has al-

ready occurred.

12. Multiple malignant tumors, as a general rule, should not be removed, especially those that are disseminated over a large extent of the body or those that involve many lymph-glands. When; however, one of these tumors is large and interferes with a vital function, or is in a state of ulceration, it should be excised, if only to give temporary relief.

13. External malignant tumors associated with extensive visceral involvement should not be excised, as the operation would not be likely to prolong

life.

14. Ulcerated malignant tumors, causing much pain and exhaustion, should be removed to mitigate suffering, even if the operation prolong life only a short time.

15. In the case of large ulcerated carcinomata, when cutting operations are contra-indicated, soothing lotions and disinfecting cataplasms should be frequently applied, opiates should be administered in sufficient quantity to relieve pain, and deodorizers liberally employed.

16. Bleeding malignant tumors require prompt excision to prevent death from hemorrhage, even though the operation serve to prolong life only a few

weeks

17. Malignant tumors of long bones demand radical measures, such as immediate amputation at a considerable distance from the seat of the disease. If the tumor be in the middle of the leg, the amputation should be at the kneejoint; if in the thigh, the hip-joint exar-

ticulation would be indicated; if in the forearm, the limb should be removed at the elbow-joint; if in the arm, the limb should be disarticulated at the shoulderjoint.

18. Medicinal treatment, after excision of malignant tumors, should not be ignored, and should consist mainly in

the use of reconstituents.

STRYCHNINE IN SURGICAL SHOCK.

In the Address in Medicine before the Mississippi Valley Medical Association, at Cincinnati, October 12, 1892, H A. Hare, of Philadelphia, (Therapeutic Gazette), refers to the use of strychnine as a remedy and preventative of surgical shock and anæsthetic collapse, not to speak of its value in opium poisoning, as follows: In these conditions, atropine, while very useful, so far as its vasomotor effects are concerned, does not compare with strychnine either theoretically or practically. To those who habitually employ atropine and morphine injections prior to the use of an anæsthetic, let me recommend the use of strychnine or strychnine and atropine combined. There is one point to be remembered in regard to the use of strychnine in shock or accident, and that is to give it in full doses or leave it alone, Not less than 1-20 grain should be employed hypodermatically every half-hour in an adult, and, if the condition of shock or respiratory and cardiac failure be marked, one dose of as much as 1-5 grain may be given in this way. Disagreeable effects rarely, if ever, follow; and if they do, will amount to little more than muscular twitching, which can readily be governed by sedatives; for if the drug can stimulate the nervous system sufficiently to cause irritability, it will have pulled the patient out of the "Slough of Despond," and he will be able to stand further treatment should the effect of the strychnine be excessive. Under the conditions spoken of, the man is on the brink of death, and we cannot afford to make haste slowly in dragging him back. A few moments lost and he may be beyond reach, and so far over the edge that human aid cannot draw him back to life .- The Satellite.

STRONG HYDROGEN PEROXIDE SOLUTIONS LOCALLY IN DIP-THERIA.

Dr. Francis H. Williams, (Boston Med. and Surg. Journal), in his usual careful manner, presents a very valuable contribution to our resources in treating this formidable disease. The problems are to kill the bacilli within a few seconds, and to do this without harm to the patient. These conditions fulfilled, it would be necessary to find the means of bringing the peroxide to the vital point, and to preserve the solution. To cleanse the throat merely, and as a gargle, a fifteen volume solution (2.4 per cent.) will answer, but when the membrane is thick and tough, it is necessary to use a solution from fifty to two hundred volumes (8 to 32 per cent.), in order to have it efficient. As soon as the peroxide touches the dead tissues it begins to decompose into oxygen and water, attacking and disintegrating the membrane, and so opening up the way for farther germicidal action. A special atomizer and syringe is designed, the former somewhat resembling the Rumbold spray tube, with which applications can be made as often as required. The syringe can be used for a day or so, from one to three times, and afterward the spray will be generally sufficient. The stability of the solutions varies much, according to their strength; in a cool, dark place, or in a refrigerator, the time of permanency is prolonged. The two hundred volumes will keep for six days in a refrigerator, with a loss of only eight volumes. He summarizes as follows: 1. The peroxide of hydrogen has the unique and necessary quality of disintegrating the membrane, and thus rendering the bacillus accessible. As it only attacks dead organic matter the healthy tissues are not lacerated, as is the case when mechanical means are used to remove the membrane. '2. The peroxide of hydrogen solution is an effective germicide against the bacillus of diphtheria, and is not toxic to the patient. 3. The syringe is simple in construction; it can be kept perfectly claan, and is not attacked by solutions which quickly corrode metals: with it one can easily reach all parts of the throat which are to be seen without a mirror .- Amer. Jour. of Med. Sciences.

AN OBSTETRICAL BUNDLE.

Abbot, Post-Graduate.—This bundle I have found very useful. I have such a bundle prepared for every obstetric case, and its cost, seventy-five cents, is more than made up by the saving of time and subsequent visits. It contains the following:

r. One square yard of rubber cloth to be placed under the patient's hips and thighs—rubber side up of course.

2. One square yard of cotton flannel to be placed on top of the rubber, between it and the patient's body. In this way I make sure of having the bed protected and kept clean, and an aseptic environment, and the rubber, can be quickly arranged to carry off the fluids in a suitable receptacle in cases of operative procedures.

3. A number of pieces of cheese cloth to be used as small towels, and also, when dampened with bichloride solution, as pads for the vulva.

4. A new and clean nail brush for

each case. The brushes cost three cents and hence one can afford a new one each time.

5. Safety pins.

 A narrow bobbin, consisting of three strands, for ligating the umbilical cord.

7. An obstetrical eye bandage. This consists of a strip of cheese cloth, the two edges of which are rolled in and then doubled over a second time. While waiting for the pulsation of the cord to cease I wipe out the baby's eyes and wrap this bandage around the head and eyes and pin it. When this is not done the child often rubs its dirty fingers into the eye before attendants have had time to wash the child. Since I have adopted this plan I have never had any cases of opthalmia neanatorium.

8. A small wooden vial containing tablets of bichloride of mercury. I prefer these small ones to the larger size, as they are just sufficient for each dressing without splitting the tablet.—N. E.

Medical Monthly.

Abstracts.

PHLEGMASIA ALBA DOLERS,—Dr. Barton Cooke Hirst (Univ. Med. Mag.), calls attention to the symptoms which occur in milk leg before the actual swelling takes place. He describes these initial symptoms as a fever appearing shortly or immediately after labor of a low grade, but associated with other symptoms of sepsis out of all proportion to the height of the temperature. The pulse is rapid, there is profuse sweating, a dusky flush is on the cheeks, and an indescribable look of anxiety or restlessness is on the face, although in response to inquiries the patient replies with what seems an assumed briskness and cheerfulness that she feels well. There is certainly no pain and, on vaginal examination, no evidence of local inflammation. This may continue from ten days to a month before the leg begins to swell from the ankle up.

As regards treatment he advises absolute rest for the limb, so as to prevent

the detachment of an embolus; as much easily assimilated food, chiefly milk, as the patient can digest, and, in bad cases as much whiskey as she can stand.

THE EXPLORING NEEDLE IN APPENDI-CITIS.—Dr. Donald MacLean, in discussing a paper on appendicitis, read before the Canada Medical Society (Montreal Med. Jour.), calls attention to the danger of the exploring needle or aspirator in the following words: "I think we might almost say now that the aspirator has outlived its usefulness. I have very few cases in abdominal surgery where the aspirator is required. I have seen very sad cases, indeed, where great injury has been done by it. First by the injury it involves; second by sepesis; and third by the incomplete diagnosis. There may be cases where you may empty an abcess by the aspirator successfully, but they are exceedingly rare. They gen erally leave enough behind to insure

further trouble. At all events, so far as appendicitis is concerned, it is a paltering, palliative and ineffectual mode of dealing with it. Either do one of two things—trust to nature and general treatment, or explore the abdomen and make a thorough, complete and scientific operation."

DURATION OF ANTISYPHILITIC TREAT-MENT.—Dr. Bontemps (Merck's Bulletin) asserts that in no case can the duration of antisyphilitic treatment be fixed at less than three or four years, and has arranged the following table to guide the practitioners:

FIRST YEAR.

6 months of mercurial treatment. 3 months of potassium iodide.

3 months of repose.

SECOND YEAR.

2 months of mercury.

5 months of iodide. 5 months of repose.

THIRD YEAR.

2 months of mercury.

5 months of iodide.
5 months of repose and sulphur baths.

FOURTH YEAR.

No murcury.

Patassium, iodide, with intervals of repose and sulphur baths.

DR. HENRY SMITH (Brit. Med. Jour.), reports a case of obstinate vomiting with great debility in an army officer as an sequence of malarial fever. Morphine, hydrocyanic acid, bismuth, oxalate of cerium and most of the other agents reputed as useful wore of no avail. He put the patient on large doses of strychnine with the result that the vomiting ceased in twenty-four hours and was controlled continually and effectually, so that after a few weeks the patient, who was reduced almost to a skeleton, was able to attend to some light duties. He infers that sedatives will control nervous disorders only where nerve tone exists, and that in such cases as this the movements of the stomach are due to a derangement of the centres that preside over the stomach movements, whereby the stimulus of food, which in health excites the physiological rythmic contractions of that organ, in the diseased and

irritable condition were sufficient to excite the act of vomiting. Strychnine seemed to establish the physiological tone of these centers and render their presiding function steady and co-ordinate.

FOR THE TREATMENT of uncomplicated endometritis and metritis, Dr. J. M. Baldy (International Med. Mag.), says he employs the surest and shortest method of procedure. The woman is put under ether, the cervix dilated, and the uterus thoroughly curetted; the uterine cavity is then washed out and an application of Churchill's iodine made to its surface. If the bleeding is too free on account of these manipulations, the uterus is packed full of iodoform gauze, which is renewed in the course of a day or two. If the bleeding is not alarming it is allowed to continue until it stops of its own accord. The local depletion is one of the things to be aimed at. In the course of a week when the discharge coming from the uterine cavity is little or none at all, ergot may be given, the indications for its use being hemorrhage, or an enlarged, heavy uterus. Usually a half drachm of fluid extract three or four times a day is given for a short time, after which the quantity is gradually reduced, and is finally discontinued in about a week or ten days. Except in the case of hemorrhage it is not well to begin the use of ergot in less than a week as its action will interfere materially with the subsequent drainage; even the hemorrage is best controlled by gauze packing. The dilation is only carried to the extent of making the introduction and manipulation of the instruments easy-say, from three-quarters of an inch to an inch. Great care is taken to make the curettment a thorough one. All debris is washed away with an antiseptic solution. The application of iodine follows immediately with a long-nozzled uterine syringe, the patient returned to bed and nothing more is done for a week or two, except absolute rest, hotwater injections twice daily, and to keep the bowels relaxed. No occasion has been found to place a hard-rubber drain in the uterus as practiced by Wylie nor to pack the womb with gauze for a prolonged period as done by Polk. In this class of patients there is an opportunity for the very nicest judgment and skilful use of instruments. If one be gentle and skilful, and careful in picking the proper cases, the treatment may be followed by the greatest benefit and no harm.

PHYSIOLOGICAL ALBUMINURIA. — Dr. Henry B. Millard (N. Y. Med. Jour,), considers no case of renal albuminuria normal. If it were, it would be more frequent. Unless the microscope is resorted to in determining whether the slightest affection of the mucous membrane exists, the observer is not justified in stating that the albuminuria is of renal origin. Secretions from the bronchial, pharyngeal or nasal mucous membrane, not purulent, but as they occur in an ordinary cold, macerated in distilled water twenty-four hours, heated not to boiling, and filtered has caused non-albuminous urine to respond to the test for albumen. Mucus usually contains in solution organic nitrogenous substances. mucosine, and cells of the mucous membrane from which the mucus is derived. It is in some respects really albuminous, and he believes it is this element which in some instances constitutes the socalled "physiological albuminuria."

THE NATURE OF SHOCK AND ALLIED CONDITIONS.—Dr. Wm. C. Dabney, in the Medical News of December 3rd, 1892, presents a well digested paper upon this subject. He favors Dr. Mansell Moullin's definition of shock, who says it has of late "become more and more definitely associated with the conception of a sudden check to the circulation brought about through the agency of the nervous system, and resulting either in a death so immediate as to scarcely have a parallel, or in a condition of prolonged prostration, with or without more or less successful reaction." In considering the symptoms, besides the pallor, faintness, rapid and feeble pulse, cool and clammy skin, etc., he calls attention to the intestinal tympanites, which is sometimes present, especially in cases of railway injury. He attributes this symptom to loss of tone of the muscular coat of the bowel, due to the defective nervous action, and which he thinks very suggestive as to the pathology of many cases of shock.

In speaking of the circumstances under

which it may occur he mentions blows upon the abdomen, the ingestion, when overheated, of large quantities of icewater, the rapid withdrawal of large quantities of fluid in cases of ascites and operation upon the abdominal viscera. He thinks the difference between shock and syncope one of degree only, and that the nature of shock is explained better.by the dilatation of the large blood-vessels, especially of the abdominal cavity than by any other view, though it is probable that in most, if not all cases, there is a reflex paresis of the vagus as well. While it is not probable that, under ordinary conditions, these vessels are capable of sufficient dilatation to cause death it may be the case where the vessels have become enlarged and more numerous, perhaps, as in cases of ascites or pregnancy. a striking evidence that shock may be due to dilatation of the abdominal vessels, he cites the rapid respond in cases of shock during abdominal operations. to a flushing of the cavity with hot water, which by contracting the abdominal vessels throws more blood into the general circulation.

He concludes:—

Shock is not due to a spasm of heart or vessels.

2. It is often due to a paresis of the vagus nerve, caused either (1) directly by emotions, severe jars, etc., or (2) by reflex influence from injuries of other nerves (certain poisons by direct action also cause symptoms much like those of shock).

3. It is questionable if shock is ever due to the inhibitory action of the vagus on the heart's action, but possibly some cases of sudden death from shock may be explained in this way.

4. In many cases shock is due to the dilatation of the vessels in the abdominal cavity, which is often accompanied by a paresis of the vagus nerve.

OXY-CHLOROFORMIC ANÆTHESIA. — Nicholson (Brit. Med. Jour.), acting on the declaration of the Hyderabad Chloroform Commission, that the cause of death from chloroform is due to an "overdose," and "asphyxia" has sought a remedy, and believes he has found one in oxygen. It is administered in combination with the chloroform vapor by means of what he terms an "oxy-chloroform inhaler," so constructed as to bring the two agents under the control of the manipulator. A judicious combination of oxygen and chloroform keeps up the blood pressure, maintains regularity of the respiration, and ensures perfect aeration throughout the period of administration; it limits the action of the chloroform to the suspension of consciousness, does away with much of the post-anæothescial depression, brings about a much more rapid recovery from the anæsthetic, and induces a feeling of confidence unknown under the old system, because by it the "accidental" feature is eliminated.

TREATMENT OF SORE NIPPLES, -Dr. P. F. Ellis (Med. and Surg. Reporter) contributed a paper on this subject to the North Texas Association, in which he presents some ideas of etiology and treatment which are original and interesting. The cylindrical lactiferous ducts just before reaching the base of the nipple are enlarged perceptibly, forming ampullæ. At the outer end of the ampullæ there is quite a narrowing of the tube, and many are bent to a greater or less angle, and then have a straight course to their respective openings in the extremity of the nipple. A constriction at this angle preventing the contents from flowing through, causes distension of the ampullæ with final suppuration, This condition of constriction may be suspected when the child has to suck so hard as to cause the mother pain, with tender chords or lumps in the breast. The suppuration may be aborted at this stage by passing a fine probe through each opening in the nipple and into the ampullæ. The nipple is squeezed gently, when the fifteen or twenty openings for the corresponding tubes are brought into view, the operator being supplied with a watchmaker's magnifying glass. When the fine probe has been passed through the strictured tube or tubes, introduce a blunt probe of larger size and more fully dilate the stricture, and the case is cured at once. The operation can be done in fifteen minutes, without an anæsthetic, and is eminently satisfactory to patient and physician. The author has never seen a case of fissured or raw nipples except in those women having pinkcolored nipples—never in the negro or Indian, or where the areolar tissue was darkly pigmented.

BARKER'S METHOD FOR FRACTURE OF THE PATELLA,-Drs. J. William White and Alfred C. Wood (Amer. Jour. Med. Sciences) report a case of fracture of the patella in a man, aged twenty-three years, treated by Barker's method for fixing the fragments. The operation is as follows: The lower fragment being held firmly, an opening is made into the joint, with a narrow-bladed knife, its edge toward the patella. The opening is made through the ligamentum patellæ. A long pedicle needle is then passed through this opening, behind both fragments of bone, and hugging them as closely as possible. The upper fragment is then held firmly and the needle passed through the tendon of the quadriceps. The skin is then incised over the point of the needle, which is threaded with sterilized silk or wire and withdrawn. thus carrying the thread behind the fragments. The needle is then unthreaded and passed through the same skin wounds from below, but close to, and in front of, the fragments. It is then threaded with the upper end of the suture and withdrawn, thus having both fragments encircled by the thread, with its two ends projecting from the lower skin wound. Friction is then used to remove clots from between the fragments of bone, and the suture firmly tied. The ends are cut close and the skin wounds closed. In the case reported passive motion was begun on the tenth day, the patient out of bed on the thirteenth day, walking without much difficulty, and he left the hospital at the end of three weeks, with a very useful knee. At the time of this report, ten months after, the range of motion and general usefulness were as good as on the other side.

ALTITUDE IN AFFECTIONS OF THE HEART,—Dr. Frederick I. Knight presented the following propositions before the American Climatological Association:

1. In cases of valvular disease with sufficient cardiac enlargement or derangement of the circulation to make the diagnosis certain, it is safer to forbid the chance of a failure of compensation through decreased atmospheric pressure in a change from a low to a high altitude of from four to six thousand feet.

2. Cases of chronic myocarditis, or fatty degeneration should be rigidly ex-These are the cases among which there is such sudden fatality from apparently slight variations from a dull routine of life. There may have been symptoms calling attention to the heart. or there may not have been, or the symptoms may have been misinterpreted, as, e. g., calling an attack of angina pectoris "gastralgia." A careful exami-nation of the area of cardiac dulness should be made. A very valvular first sound, an almost entire loss of the booming or muscular quality, with a weak and irregular pulse in a man no longer young, especially in connection with subjective symptoms, breathlessness on slight exertion, are strong confirmatory signs.

3. Patients with systolic murmurs, which are known to have existed many years without any enlargement of the heart, or any alteration of its normal sounds, and who present, on physical examination, no other evidence of disease, may be allowed to go into high

altitudes.

4. In cases of nervous palpitation due to errors in diet and mode of life, when these errors have been corrected, of course the patients may go into a higher altitude.

Affections of this kind due to some morbid condition of the nervous centers, may be divided into two classes—those inheriting a nervous temperament, and those nervous from malnutrition. The latter would be apt to be improved, but the former made worse by a change to a higher altitude.—International Medical Magazine.

ASAPROL has been studied by M. Auguste Bompard with the following result: I. It is a whitish, odorless, bitter powder; soluble in three parts of distilled water, and in alcohol less soluble. About one-half the amount ingested is eliminated by the kidneys, more if administered in cachets. 2. It is a good genersl antiseptic; in 2 per cent. solution it retards the development of the bacilli of Asiatic cholera, herpes tonsurans and typhoid fever, a 3 per cent. solution completely arresting the two first named. 3 It is a good antipyretic,

its effects being manifest, rapid and persistent. 4. It possesses marked analgesic properties, in the last two properties being superior to antipyrine and quinine in influenza, adminstered consecutively or combined. 5. It is a remedy of choice in acute articular rheumatism, administered in cachets, in daily does of from fifteen to sixty grains, requiring but two days to demonstrate a marked amelioration of the symptoms. Its action is quite as rapid as that of the salicylates, and relief is well marked, usually upon the second day, and becomes constantly more marked, and, on the average, cure results in eight days. It is even more certain than the salicylates, no failnre being recorded, while in about 22 per cent. of the cases in which the salicylates were employed failures occur. Although the taste is bitter, it does not give rise to nausea or vomiting, and the auditory disturbances cerebral congestion (of old age) are absent. It is efficient in less than one-half the dose of salicylates-in fine it yields in no respect to them, and in certain cases it is superior, in that it presents none of their inconveniences. The normal dose by the mouth is sixty grains a day, preferably in small frequent doses that its effect may be continuous. Begin with thirty grains the first day, the next forty-five, and the succeeding days, the full amount of sixty grains is needed, continued, if needed, several weeks, terminating the treatment by gradually reducing the daily dose. It can be given in distilled water, or in syrup and anise seed water, or in cachets, or as an excellent gargle, in mulberry syrup and in infusion of blackberry leaves. Being a lime salt it is incompatible with all salts that precipitate lime, notably the soluble sulphates and bicarbonate of soda. Iodide of potassium is absolutely incompatible with it. 6. It favorably modifies the anginas and the infectious condition in pneumonia.—American Journal of Medical Sciences.

THE TREATMENT OF HEMORRHOIDS.— The treatment of hemorrhoids was discussed by Dr. John B. Weaver before the Philadelphia County Medical Society (Maryland Med. Jour.). He reminds his readers of the anatomy of the hemorrhoidal veins, the superior emtying into the portal vein and the middle and inferior into the general venous system. He classes internal hemorrhoids, which protrude at stool and can be replaced and retained within the spincter, as a disease of the portal system as they involve the superior hemorrhoidal vessels. External hemorrhoids occur in three forms-a simple venous tumor, the result of phlebitis and consequent thrombosis of a varicose vein; second a tumor composed of dilated and varicos veins with proliferation of the surrounding connective tissues; and third a tumor made up entirely of proliferated connective tissues. Intero-external hemorrhoids consist of both the above varieties.

In regard to palliative treatment he thinks the most important indications to be fulfilled are daily evacuations of the bowels with strict attention to cleanliness. In some instances one of the various astringent ointments may be of service, but he has little faith in them as

curative agents.

As hemorrhoids may be symptomatic of visceral diseases, of structural changes in the rectum above the pile bearing area, such as carcinoma, stricture, etc., these should be searched for before proceeding to radical treatment, and cor-

rected if possible.

In the first form of the external variety it will suffice to incise the tumor freely and turn out the clot, then pack the wound gently. In the second form it is often sufficient to stretch the sphinc ter muscle, if not the tumor should be removed with the clamp and cautery. The third variety should be removed with the clamp and cautery.

Of the numerous operations devised for the cure of internal hemorrhoids he has had experience with the clamp and cautery, ligature, injection of carbolic acid, Whitehead's, and dilatation of the sphincter muscle; but he now rarely does any other than the clamp and cautery. The advantage of this method is its universal application. The instruments necessary to perform it are a pair of Smith's clamps and a pair of pile forceps a pair of scissors and a Paquelin's cautery. Tue sphincster is dilated, when the piles protrude and are grasped with the forceps and the clamp adjusted. The pile is trimmed with the scissors, leaving a stump a quarter of an inch above the clamp. The cautery is heated to a dull red and the stump reduced with it about one-half leaving a charred dry surface. The clamp is removed and the edges of the stump allowed to fold in. By leaving a pedicle as described bleeding cannot follow the removal of the clamp. In cases where the pile surface is mucocutaneous, before the clamp is adjusted the skin should be divided with a pair of scissors to prevent pain and subsequent contractiou. The subsequent treatment is an opium suppository, dusting the surface with iodoform and the application of an antiseptic dressing. The after treatment consists of rest in bed, light diet, and the administration of a quarter of a grain of opium pill night and morning for from three to four days, when the bowels are moved by a laxative and an enema given when the desire to defecate is felt. After this the patient is allowed the freedom of the room. The advantages of this operation are freedom from hemorrhage, the rapidity with which it is performed, the absence of pain in the majority of cases, the absence of retention of urine, and the patient's being able to resume his or her occupation in from a week to ten days.

Motes of Practice.

Puerperal mastitis is often successfully aborted by prompt and energetic treatment with compresses steeped in hot water, in each quart of which one ounce of carbonate of ammonia has been dissolved.

Sodium salicylate always gives satisfactory results in the treatment of sprains. Administered in 15-grain doses, four times daily, the attendant pains rapidly cease and massage can generally be commenced on the second day.

The most palatable method of administering pure cod-liver oil is in equal parts of lime water.

Sulphonal, which has proved such a failure in the hands of many practitioners as a remedy in the delirium of alcoholic patients, is now heartily endorsed as a great analgesic agent in relieving and arresting the cramps of fractured limbs and other reflex spasms.

Spontaneous hemorrhages that are recurrent, and whose causes are not easily discoverable, but are presumably due to diseased conditions of the liver, spleen or kidneys, are oftentimes speedily arrested by more or less revulsive treatment by means of blisters over either or all of these regions.

In vomiting of pure gastric origin, a 20 p. c. solution of menthol in olive oil acts promptly and efficiently, and better fulfils the indications than any single remedy now known. It should be given in ten-drop doses on finely-powdered sugar, and should be exhibited just prior to the expected attack of emesis.

Viburnum prunifolium constitutes an excellent means of treating mechanical dysmenorrhoea in virgins. To obtain the best results, the treatment should be instituted ten days at least before the expected flow, and the medicament should be exhibited in twenty-five drop doses of the fluid extract, four times daily, and continuing till the end of the catamenial period.

In the uncontrollable vomiting of pregnance, especially when the secretions are excessively acid, gratifying results are often obtained by the administration of three grains of sodium chloride in a teaspoonful of chloroform water, frequently repeated. This combination has been successful in eleven cases where many other remedies had failed to give even temporary relief.

A French surgeon is employing collodium in the treatment of erysipelas with marked success. He paints around the affected surfaces a broad band, and in cases of erysiplas of the extremities, he paints a streak about the breadth of two hands. Beyond this, the disease never spreads, and improvement is noticeable usually on the second day. This method is also applicable to facial erysipelas.

The best food substance for use as a nutritive enema is said to be raw egg with common salt, which is used to dissolve the albumen, in the proportion of fifteen grains of the latter to each egg. The eggs, thus prepared, should be thoroughly beaten and then injected slowly through a rubber tube high np in the bowels. Care should be taken to empty the bowels one hour previous to the employment of the nutritive enema by lavements with tepid water, none of which should be allowed to remain. Eight eggs in twenty-four hours will be a sufficient quantity.

In the persistent diarrhæas sometimes attendant upon fevers of a remittent character and of a long continued type, Mr. Harold Henly (London Practitioner), warmly commends the use of digitalis and strychnine. The former is indicated from its well-known action upon the vasomotor system, and the latter from its supposed direct action upon that portion of the system controlling the blood supply to the intestine. The mixture he employed is composed of tinct digitalis Mjy; liq. strychninæ Mj; spts. chloroformi My; in water, and repeat at from one to four hour intervals as required.

Large doses of cream of tartar in the treatment of ascites due to hepatic cirrhosis or simple chronic peritonitis is highly recommended by Dr. Sasaki and other Japanese physicians. Under this remedy, the ascites, when due to these causes, rapidly snbsided and disappeared

in some cases not to return for two years. In one instance it was successful after all the other remedies, calomel, digitalis, diuretics, etc., had failed and after the patient had been tapped twenty-eight times. He administers the acid tartrate of potash in the beginning of the treatment in 3 ij doses daily, and gradually increases the quantity to 3 j each day, according to indications. Tonics and nourishing food are necessary adjuvants.

Dr. Charles S. Morley (N. Y. Medical Journal), claims that anæsthesia can be produced and maintained for one or two hours with from one to three drachms of chloroform. His method of procedure is to have an assistant bare the chest and note only the breathing, care being exercised to have it rythmical. This is accomplished by covering up the face with a handkerchief, pulling up a fold at the center for an air space for the chloroform vapor and dropping one drop at a time and not more than two to five to the minute. The quantity is regulated according to the breathing, and thus the minimum of quantity is employed while the maximum of effect is reached and maintained.

Dr. G. P. Field (Brit. Med. Jour.) says that in the acute aural catarrh of young children-of which one sign is the refusal to rest the head on the affected side-poultices should be avoided, as they only promote suppuration; pain is best relieved by the frequent fomentation of the external meatus with water, Mild purgation and politzerisation are also of assistance. By the timely use of the latter many an earache might be completely prevented, as it renders the Eustachian tube pervious and equalizes the pressure on the drum-head. Until pain has subsided, warm water should be poured into the ear, and syringing and the use of stimulating lotions are to be shunned. Afterwards weak and

soothing lotions, such as solution of acetate of lead and tincture of opium, may be resorted to. Perchloride of iron and silver nitrate are unsuitable for acute cases. Powdered boracic acid, or occasionally alum, may be very efficacious, but the insufflation of powders is not to be recommended except in chronic cases where there is a large perforation.

SELECTED FORMULÆ.

Whooping-Cough,

Aquæ, q. s., ad........ 3 iv M. S.—Give from 15 drops to 3 ij, according to age, four times daily.— Dr. R. S. Patterson in Times and Register.

Anti-asthmatic fumigation.

R-Stramonium leaves

Green tea...... aa parts 24 Lobelia inflata.... " 9

Mix, and moisten with a saturated solution of nitrite of potash; dry, and keep in well stoppered bottle. A teaspoonful is sufficient for one fumigation. — Plant, Ex.—N. E. Med. Monthly.

For ehapped hands.

R — Menthol gr. iij
Salol gr. vj
Ol. olivae 3 i
Lanolini 3 iij — M.

S. Apply topically once or twice daily.—L'Union Med.—Med. News.

Typhoid Fever.

Aquæ distillatæ, ad... 3 vj—M. S. A twelfth part in half a tumbler of pure water every 3 hours as directed.

This mixture may be used by the patient as a simple drink, or by enema. Under its action the tongue becomes clean and the pyrexia falls.—Richardson in Epit, of Med.

Miscellaneous Items.

Under this head space will be given, free of cost, to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Dr. A. Cheatham has removed from Henderson to Durham, N. C., where he willpractice his profession.

Dr. E. R. Michaux, of Greensboro, has received the appointment of Assistant Surgeon of the Third Regiment, N. C. S. G.

Correction .- The article on page 35 of this issue should be credited to the Medical News. In section 9 of said article, second line, omit and.

Dr. Joseph M. Meggett, an ex-Confederate surgeon, committed suicide in Charleston, S. C., by shooting himself in the head while temporarily insane.

Dr. J. M. Hays, of Oxford, who filled the office of Secretary of the State Society for several years, has been appointed surgeon of the Second Regiment, N. C. S. G.

Dr. Samuel Logan, a prominent physician of New Orleans, died of apoplexy in that city on January 12th, his wife having died only three days previously. Dr. Logan was a native of Charleston, S. C.

In our notice of Gould's Pocket Medical Dictionary, in our last, the types made us give the size 3 x 3 inches. We wrote 34x6 inches, and since the shape of this handy little companion is a great point in its favor, we beg that our readers will take note of this correction.

Dr. R. J. Brevard, Mayor of the city of Charlotte, received a fracture of the neck of the femur through a fall upon the ice a few days since. The Doctor has the sympathy of the JOURNAL and other friends, in his serious injury with their wishes for his early restoration to health and active usefulness.

New York city has adopted an ordinance giving physicians holding a police permit the right of way in the streets with the right to cross processions as soon as possible when answering calls for their services, The permit is granted to any duly registered physician and is not transferable.

We regret to learn of the idisposition of Dr. Robert Battey. He has gone to Florida to recruit his health and we trust the change and respite from professional cares may be speedily beneficial

The Abstract of Sanitary Reports for December 10th in giving a list of ports ann places from which the importation of rags is absolutely prohibited, shows Hamburg to be excepted, while official reports show the constant occurrence of new cases in that city.

Health Conference.—The State Board of Health has been called by President Bahnson to meet in special session in the city of Raleigh on Tuesday, January 24th, hour and place to be given in that morning's paper. It will consider particularly: 1. Our present health laws, with a view to amendment by the General Assembly, 2. The threatened invasion of Asiatic cholera, which is regarded as more than probable next spring or summer, and the best means of keeping it out of our State. 3. The salaries of County Superintendents of Health. And, generally, any subject relating to the public health that may be introduced.

McCaskey's Clinical Studies is published quarterly at Fort Wayne, Indiana, with uncut leaves. The contents is made up of abstracts from the clinical notes of G. W. McCaskey, A.M., M.D., Professor of Practice of Medicine and Diseases of Chest and Nervous Diseases in the Fort Wayne College of Medicine, with some book reviews.

The Medical and Surgical Observer is a new monthly journal edited and published in Jackson, Tenn., by M. Vandahurst Lynk, M.D. It is, as far as we know, the first medical journal in this country to be published by and for the negro profession. The "initial number" is very creditable and we hope the enterprising editor will receive the support of his professional brethren.

This issue of the JOURNAL is somewhat delayed on account of having to wait for new type which got off the track en route and had to be traced, but our readers may confidently expect their JOURNAL within a day or two after the fifteenth of each month as we have a contract with the publishers for it to be delivered for mailing on that date, the contract providing for a forfeit in case of failure to so deliver it.

Before the Johns Hopkin's Hospital Medical Society November 7th, 1892. Dr. Finney presented a man who, nearly three years ago, had the ends of two fingers cut off by a knife used for cutting tin. He reported to the hospital seven hours after the accident, bringing the ends of the fingers wrapped in a paper in his pocket. One finger was cut off at the root of the nail and the other nearer to the last joint. With no hope of get-

ting union he soaked the amuputated ends in warm water and cleaned the wounds with bichloride 1-2000. The ends were then applied and retained by four sutures to each. There was union by first intention in both fingers and when presented there was sensation in the tips of both, and hardly a mark to show the line of union.—Johns Hopkins Hospital Bulletin.

A New Professorship in the Jefferson College.—At a meeting of the Board of Trustees held on Wednesday, November 30th, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College. At the time of election Dr. de Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

A case of hydrophobia five years after being bitten is reported in the British Medical Journal. The patient with his brother and a neighbor were bitten by a mad fox terrier on August 1st, 1887, and the three were treated by Pasteur, remaining under treatment from August 5th to 19th. The brother of the patient was seized with hybrophobia the following October, dying the next day. This patient was a lad, aged 17. He was taken sick with symptoms of hydrophobia September 4th, 1892, the symptoms becoming very severe and proving fatal in forty-eight hours.

Dr. J. Allison Hodges, of Fayetteville, will remove to Wilmington about February 15th next, where he will practice his profession and enter actively upon his work as one of the editors of the JOURNAL. Indeed, Dr. Hodges has not been idle as he is now situated, much interesting matter in this number being from his pen. The profession of a town

can only be honored by the addition of a physician of such high social and professional standing as Dr. Hodges enjoys, and we assure him a most sincere welcome. In social circles the Doctor and his estimable and accomplished lady are far from being strangers in Wilmington, and will be given a hearty reception at the hands of their many acquaintances.

Our venerable and esteemed friend, Dr. E. A. Anderson, celebrated his Golden Wedding on the 24th of December last Since the death of Dr. Satchwell Dr. Anderson's name stands seventh on the Society's roll, he having signed the constitution in 1852. The Doctor still continues to do some practice, and in the past few years, by private stdy has made himself able to read French and German fluently, and is at present engaged in the study of Spanish. The JOURNAL extends the Doctor and his excellent wife its congratulations and heart felt wishes for health and happiness during the coming year.

A quarantine bill has passed the Senate which is far from satisfactory. and it is hoped that it will not pass the House. While Congress is dallying over this important matter spring is approaching, and there should be no time lost in preparing for war against cholera. which has only gone into winter quarters. We await with much interest the result of the meeting of the State Board of Health on the 24th, and trust this Legislature will be wise enough to put the quarantine station of the Cape Fear, the gate through which epidemic disease is most likely to get into North Carolina, in a condition to care for, and thoroughly disinfect and purify, any vessel that may bring the disease in crew or cargo.

Arkansas has been in alarm concerning an outbreak among the convicts in a penitentiary camp at Helena in that State, The disease was characterized by violent purging and vomiting, quick collapse and great muscular pains and soreness, in some cases taking the form of cramps of the lower limbs. Dr. Robertson, the penitentiary physician, states that of 100 convicts in camp, he was called upon to treat at least 75, and of these 18 died. This was after the return of the convicts to the penitentiary, and the deaths included three who had never left the walls. Dr. H. D. Geddings, Passed Assistant Surgeon. M. H. S., was sent to Helena to investigate the nature of the disease, which was feared to be cholera. The expert bacteriologist, who was also sent, could discover no cholera bacilli in the dejections, and Dr. Geddings attributes the disease to the filthy and extremely unsanitary condition of the camp. The food furnished, while insufficient in quantity, was of the coarsest, commonest quality, and the water for cooking and drinking was drawn from a ditch, canal or branch, which receives the sewage, in part, of the city of Helena, and which is further contaminated by the proximity of two long-used slaughter-houses, and an extensive surface of saw-dust, rotten from damp and over flow. The convicts were housed in boxcars, 18 or 19 to each car, with no ventilation. It is not to be wondered at that these conditions gave rise to a form of gastro-enteritis violent enough to simulate Asiatic cholera in its symptoms.

Soothing syrup without opium.

ooining syrap wiinoui opium.	
₿—Oil anise	Mxxv
Alcohol	. 3. ij
Fl. ext. valerian	. 3 i
Oil peppermint	Щxv
Tinc. camphor	3 ij
Fl. ext. liquorice	3 i

M. Sig.—Shake the bottle. Dose, one-fourth or one-half teaspoonful in water; repeat as needed.—Chas. S. Cope, M.D.—Med. Age.

Reading Motices.

EPILEPSY.—Hammond, Lauder. Brunton and Allen McLane Hamilton, all declare the Bromides of Potassum, Sodium, Ammonium and the Bromide of Zinc "stand pre-eminent among the remedies for Epilepsy." Neurosine cohtains only the C. P. Bromides and can be given indefinitely without deranging digestion.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

R. W. St. Clair, M.D. Brooklyn, N.Y., says: I have used S. H. Kennedy's Extract of Pinus Canadenis for two years, in a large practice, and so far have never failed in reaching the most happy results. One case of nasal catarrh that resisted the best treatment of some of our best practitioners, came to me. I began with the Pinus Canadensis, and am pleased to say the cure is absolute. In two cases of diphtheria I used Pinus Canadensis, I ounce to one-half pint of water, with the best results. The membrane peeled off and no new formed.

It may interest you to know that I have had a most satisfactory result from the administration of your BROMIDIA in a case of sleeplessness, after a slight apoplexy, with partial paralysis of the right cheek and arm. The patient (male, 63 years old) suffered from weak heart, and before coming under my care had been given Sulphonal, Paraldehyde, etc., without sleep being obtained. The first night here he received one drachm of Bromidia and got seven to eight hours

quiet sleep without any ill after-effect from the drug. The same dose continues to give the patient some hours' sleep every night.

E. L. Fish, M.D., West Valley, N. Y., says: I can heartily endorse Aletris Cordial after giving it a fair trial. Mrs. F-; aged 27, mother of two children, during the last seven years has miscarried three times. Has lateral curvature of the spine, and never robust. Began in her last gestation, at four months, to give Alertris cordial, three-fourth teaspoonful three times a day, and increased to one teaspoonful, She has used four and one-half bottles, and is now within four or five days of full term, Her general health has been much improved, appetite good, no vomiting, bowels in good condition, and kidneys acting well. I am exceedingly well pleased with the action of the remedy. as is also my patient.

Among recent additions to the list of Parke, Davis & Co., whose constant endeavor is to add to and improve their manufactures, are the following: Fluid extract of Cocillana, the Bolivian remedy for respiratory inflammations. Compressed tablets of Calomel and Sodium and Bicarbonate, 21 grains each. Tablet triturates of ext. Cascara Sagrada, 1 grain. Antiseptic tablets, B. "C." Gelatin-coated pills-Terpine Hydrate, 5 grains; also Strychnine Nitrate, 1-40 grain. Pill of Aloes and Iron, No. 797, B. "A," half-strength. Normal liquid Golden-seal: Improved Bronchial Lozenges. They also now prepare Liquid Extract Cascara Sagrada, B. P.; Fluid Aloes Co. for dec. aloes co., B. P.; Fluid Sarsa, Co. for dec. sarsa, co., B. P.; Fluid Gentian Co. for inf. gentian co., B. P.; Fluid Rhei for tinct, rhei, B. P.

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Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and necrons affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos, Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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-MARK TWAIN.

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Mental equanimity and serenity of soul are hardly consonant with pyrosis and flatulence. Most cases of dyspepsia are due to a primary digestive deficiency. Lactopeptine overcomes this deficiency by furnishing all the elements which have any digestive action on the various food stuffs.

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YONKERS, N. Y.

FEBRUARY, 1893.

NORTH CAROLINA

MEDICAL JOURNAL.

[Official Organ of the Medical Society of North Carolina.]

ROBERT D. JEWETT, M. D., J. ALLISON HODGES, M. D.,

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NORTH CAROLINA

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No. 2.

Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina,

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript.

GYNECOLOGICAL TECHNIQUE AS CARRIED OUT AT THE GENE-CEAN HOSPITAL.

By J. M. BALDY, M.D., Philadelphia.

[Read before the Philadelphia County Medical Society, December 28, 1892.]

It is no uncommon thing to have physicians from all over the country, who are making a temporary stay in Philadelphia, and who are visiting the hospital with the object of seeing operations, question minutely as to the different points in the preparation, and not infrequently express surprise at the simplicity of these. In fact, it has often occurred to me that many of our visitors are more interested in the preparation than in the operation itself. To one who has the success of this class of work at heart, this seems to be a step in the right direction, as it has long since been recognized by the successful operators of the world, that more good results are obtained by mediocre operators, whose preparations have been most careful and systematic, than by their more brilliant colleagues who have been

inclined to scoff at minutiæ and to depend upon their mechanical skill.

From time to time articles on this subject have appeared in medical print giving the most elaborate description of the preparation and the apparatus used, most of which are undoubtedly excellent and well-fitted for the operatingroom of a hospital, but which are unnecessarily cumbrous when one comes to apply them to private work. For this reason I have been encouraged to enter upon a detailed description of our work at the Gynecean Hospital, the application of which can readily be carried into private practice. The watchwords from the beginning to the end of an operation are thoroughness and simplicity.

The aim of all successful operators is the same, namely—the prevention of any septic matter entering into the field of operation. Different operators adopt different methods of accomplishing this object, but for success, the object and result must be the same, whatever the method adopted may be.

Antisepsis or asepsis, as fancy may dictate, the principle is the same. To be successful one must be surgically clean. For the proper accomplishment of this one must consider and treat: I. The patient. 2. The operating-room and its paraphernalia, including tables, basins, pitchers, buckets, instruments, ligatures, sponges, dressings. 3. The operator, assistants and nurses.

1. The Patient.

The preparation of the patient should begin, when possible, at least twentyfour hours before the operation. The first steps are to regulate the diet and empty the gastro-intestinal tract. Free purgation is begun at once, preferably by the use of some saline. 'This is usually administered in the dose of a drachm of sulphate of magnesia, dissolved in water, each hour until the bowels begin to move. Usually five or six doses are sufficient to accomplish the object. The purgatives should be so administered that the action of the bowels ceases five or six hours before the time set for the operation. After beginning the administration of the purgative, the diet should be light and concentrated. If the operation is to be performed in the afternoon, the patient's supper on the day before consists of the ordinary house diet. From this time on nothing passes her lips, unless it be a glass of milk or a cup of bouillon at breakfasttime. Even water, except in small quantities, is withheld. These steps in the preparation can be carried out in the case of most patients, but in dealing with an unusually weak woman, considerable judgment must be used in their application. A hot bath is given, both the day before and the morning of the operation. If the patient is unable to be moved to the bathtub, the baths are given in bed. Prior to the final bath an enema of soapsuds and water and a vaginal douche of bichloride of mercury (1 to 3,000) are given. Immediately on coming from the bath a fresh nightgown is put upon the patient and she is placed in a bed which has been specially prepared for her reception. After returning to bed the abdomen—the seat of the operation-is especially prepared. A nail-brush, soap and hot water are used freely and vigorously, special attention being paid to the umbilicus and pubic hairs. In but exceptional cases is the pubes shaved. The abdomen is then bathed with alcohol and turpentine, and is finally protected until the time of the operation with a towel wrung out of bichloride solution.

When the patient is placed on the operating table the abdomen is well rubbed with ether and bathed with alcohol by the operator as the final preparation, especial attention being paid to the pubic hairs and the umbilicus. The legs are wrapped in a blanket, which extends from the feet to the pubes; a second blanket is placed over the chest. All blankets, clothing, table, etc., about the patient, from her chest to her feet. are now covered with towels prepared for the purpose, the abdomen being left bare from the epigastrium to the pubes. Over all this is placed a piece of bichloride gauze, with a slit in it at the point of the incision.

2. The Operating-room and its Paraphernalia.

All tables in the operating-room with the exception of the Krug frame for Trendelenburg's position, which is of galvanized iron, are made of wood, perfectly plain, and shellacked. The reason for this is two-fold—first, because it is desirable in the preparation of the room that it should be emptied; this is rendered possible in the case of everything except the gas-fixture and the sink. Secondly, as there is an operating-room on each floor, it becomes necessary to frequently move the tables from one room to the other. When not in use, the windows in these rooms are always open. The walls of the room from floor to ceiling are of white tile, the window trimmings are of white marble, the floors are asphalt, the ceilings are plastered and heavily painted. In the preparation the room is first stripped of all its

furniture. The walls, ceiling and floct are washed down with a hose, and then mopped off with a cloth dipped in bichloride solution. As each article is brought into the room it is scrubbed with soap and water, rinsed off, mopped with bichloride solution, and placed in its proper position; the tables and benches are covered with sheets or towels specially prepared for this purpose. A glance at the accompanying cut will more clearly demonstrate this.



All linen used in the operating-room has been laundried by itself. Distilled water is used throughout the operation.

Instruments,-After an operation the instruments are thoroughly scrubbed with soap and water, and are then passed through scalding water before being returned to the case. Prior to the operation they are boiled for twenty minutes in a weak soda solution. As few instruments as possible are used. In an ordinary operation, two needles, two ligature staffs, four hemostatic forceps, a knife, a needle-holder and a pair of scissors are amply sufficient. These are taken, together with the tray on which they are placed for boiling, directly from the sterilizer, and put upon the table as the patient is brought into the room, In this way they are not handled from the time they are taken out of the sterilizer until they are to be used.

Ligatures.-Three varieties of ligatures are employed-silk, silkworm-gut and catgut. A half-hour before the operation the silk is immersed in a bichloride solution (1 to 100); prior to being used it is washed in boiling water. The silkworm-gut is boiled with the instruments. The catgut is prepared by being immersed in ether for forty-eight hours, soaked for the same length of time in a 1 to 100 alcoholic solution of bichloride of mercury, after which it is put in a solution of two parts oil of juniper and one part alcohol. It is taken directly from the latter solution for use at the operation.

All sutures and ligatures used within the abdominal cavity are of silk (Chinese twist). Silkworm-gut is invariably used for closing the abdominal wound. Catgut is used principally in vaginal hysterectomy and plastic work.

Sponges,-New sponges are prepared by being thoroughly beaten, soaked for twenty-four hours in a weak solution (3 per cent.) of hydrochloric acid, after which they are soaked for twenty-four hours in a strong soda solution, and are finally placed in alcohol. Immediately after being used in an operation they are thoroughly washed in cold water, placed in a strong soda solution (practically a saturated solution) for twentyfour hours, at the end of which time they are removed, washed under the cold-water spigot until all the soda is washed away, and are then immersed in a solution of sulphurous acid for twentyfour hours. They are taken directly from the acid solution, washed and placed in commercial alcohol until used. Four sponges only are used at each operation.

Dressings.—The dressing of the abdominal wound consists in placing several strips of dry bichloride gauze over the incision, a cotton pad covered with gauze placed over this, and the whole held in place by a six-tailed bandage. Dressings are not disturbed for eight days. No iodoform or other powder is used. Stitch-hole abscesses are the rare exception.

Drainage-tubes.—After being used, the glass drainage-tubes are soaked in strong soda solution for twenty-four hours, rinsed under the spigot, washed with turpentine and ether, and then boiled for twenty minutes, after which they are kept in commercial alcohol.

Rubber drainage-tube, whenever used, is soaked in bichloride solution and washed in boiling water.

After an operation the drainage tube is cleaned by the nurse every fifteen minutes or half-hour, as occasion requires. As the fluid discharged from

the tube lessens in quantity, the intervals of cleaning are lengthened. Each time the tube is cleaned the nurse's hands are carefully prepared with soap and water and bichloride solution.

At and after each cleaning the syringe used to withdraw the tube-contents is cleansed inside and out with hot water and bichloride solution, as are also the mouth of the tube and the rubber protecting it. Fresh bichloride cotton is placed over the entrance of the tube at each cleaning. The tube is removed as soon as the contents become clear and small in quantity. The edges of the opening left by the tube are drawn together by a strip of adhesive plaster, and the dressings replaced by fresh ones.

3. The Operator, Assistant and Nurses.

Everybody who takes part in an operation, and is liable during its performance to handle any of the instruments or materials, is required to go through the same preparation. All assistance is rendered by three nurses; the chief nurse assisting the operator directly, a second nurse attending to the sponges, and a third nurse changing the waters. The preparation of operator and nurses is as follows: A hot soap bath, and clean linen clothing direct from the wash. The hands and arms are prepared by first carefully cleansing the nails with a penknife, a free use of hot water, soap and nail-brush for twenty minutes, and rinsing in fresh water. They are then bathed in commercial alcohol, and are finally soaked in a bichloride solution (1 to 2,000) for five minutes. The greatest danger-point of infection is, of course, under the nails, and time used in a most careful hand toilet is never misspent-is, in fact, absolutely essential to success.

A careful study of the cut, which represents one of the operating-rooms as it appears prior to the introduction of the

patient, will demonstrate the simplicity and thoroughness of all the preparations. There is not an article in the room whiclf cannot be duplicated or easily substituted in almost any wellordered household. Soap, water, nailbrush and bichloride of mercury tablets are easily obtained, and as for the remainder, it rests entirely with the surgeon and his nurse. With a little more time and trouble the poorest hovel can be turned into a good and safe operating-room, by adopting these rules, as I have been able to demonstrate time after time in my work in the slums of this great city. Of course, it means plenty of hard labor for both nurse and surgeon, but what nurse or surgeon who

has once passed through the horrors of attendance at a death from septic peritonitis would not feel that the work before the operation was as nothing in comparison to that afterward.

The number of instruments, sponges, etc., may seem to many to be entirely inadequate for the purpose, but in many hundreds of operations we have found them amply sufficient; it is the rare exception that recourse to the instrument-case is necessary. The fewer articles used, the fewer sources of possible infection and accident. A large number of instruments lying about are, in addition, a source of endless confusion and annoyance, and they require an extra assistant.

SUCCESSFUL OPERATION FOR STRANGULATED SCROTAL HERNIA.

By Thomas E. Anderson, M.D., Statesville, N. C.

[Written expressly for this Journal.]

I offer this contribution, not merely to parade my skill which the result might imply, but for the higher purpose of encouraging a despairing brother similarly confronted.

On Sunday morning, January 1st, 1893, I was called to see Giles Nichols, a mulatto of good repute, 50 years of age, by Drs. M. R. Adams and Henry F. Long, who had exhausted every expedient usually included under the head of taxis, to reduce a "Left Scrotal Strangulated Hernia." Utterly failing, and realizing the futility of further efforts in that direction, having made repeated efforts through the day and night before, an operation being the only recourse left, I was called to their assistance. The state of the patient, together with a careful survey of the situation, at once impressed me with their opinion.

The demand for an operation being urgent, we determined to lose no more time. The patient was in the house of

a friend, a characteristic negro hovel, with all the modern inconveniences. Improvising an operating-table out of dry goods boxes, we proceeded to anæsthetize the patient, Dr. Adams taking charge of this, and using chloroform, I have never used ether but once, and never shall again, provided Squibbs' chloroform is obtainable. The parts having been carefully shaven and well douched with bichloride solution, and having been previously well scrubbed with water and soap, ably assisted by Dr. Long, I made the usual incisions, about four inches in extent, dividing successive layers on a grooved director (not as many, however, as is laid down in reputable books on anatomy) down to the sac, which, laying open, the tortuous, contused and deeply congested intestine came under the eye, and looking, however, more like a raw beefsteak, though darker, than like itself. Passing in left index-finger, I readily found the

constricting ring, very firmly grasping the gut, and making return by taxis an impossibility. To pass in a probepointed bistoury, using the finger as a guide, was the work of a few minutes. Turning the knife, the constricting fibres soon gave way. At this juncture it was found that a portion of the bowel, in the efforts to reduce it, had been forced up between the abdominal walls superior to the ring, or point of exit, this itself being a serious obstacle to its reduction. The blackened bowel was well enveloped in hot towels, wrung out of the bichloride solution, for a time, then, deeming it viable, we proceeded to return it. In doing so, much to our consternation, we discovered a rent, a tear, or, peradventure, a puncture, in it, made by causes unknown to us, but presumably in the taxis previously employed. That view at least exonerates this operation, which could not have been responsible for the condition, as all of the layers were cut in the groove of a director. This find had the effect to depress stock in the patient's recovery to a degree equivalent to withdrawal from market. Sewing it up as best we could with fine silk (all we had at hand), we completed the return of the bowel, finding adhesions had formed between it and surrounding media. By some means the "tnnica vaginalis" was laid open, exposing testis; this was carefully approximated, as was the entire wound, antiseptic precautions having been scrupulously observed during the entire operation, Mr. Bryant, an intelligent medical student, rendering valuable aid in this, as well as in other directions.

The patient was put to bed and kept decidedly under the influence of opium for nine days, at which time the first action of the bowels was secured by enema, a large amount of fecal matter passing. There was not at any time a higher temperature reached than 101°, and this only on the evening of the

fourth day. There was no formation of pus, the wound healing promptly by first intention. What I would chiefly emphasize as taught by this case is that, while a certain amount of temerity is good, and the skillful use of instruments an essential, yet the greatest of these is autisepsis. I am now, at this late day, a convert for all time. Without this, this patient must have perished. Instead, at this writing, the wound is, to all appearances, healed, and his bowels acting naturally of their own accord, and he sitting up. We left him confidently expecting to have in him a fine object lesson in peritonitis, with the usual sequel. I failed to state that, as well as we could, we sewed up the ring to secure immunity from the state we found him in. He was the subject of an old rupture. I should have stated we now expect operation to radically him.

In the erythematous eczema affecting the buttocks of children, no remedies act so favorably as the internal administration of minute doses of calomel and soda, followed by laxative doses of the aromatic syrup of rhubarb. Pure glycerine should be used upon the affected parts instead of soap, and the common usage of dusting powders, from their liability to cake and crust, should be discountenanced. As little water as possible should be used in cleansing the parts, relying rather upon the glycerine as a cleansing agent. Immediately after the glycerine application the irritated surfaces should be gently but thoroughly dried with a soft cloth and a lotion of lime water or black wash applied. In cases where there are fissures present ointments may be used, the best probably being a carbolated ointment of zinc oxide and vaseline, with half a drachm of bismuth snbnitrate to the ounce. errors in diet, of course, should be noted and regulated.

Selected Papers.

THE CURETTE IN OBSTETRIC AND GYNECOLOGICAL PRACTICE.

By JOHN G. CECIL, M.D., Louisville, Ky.

The curette, like many other surgical instruments, has experienced seasons of favor and disfavor. At no time, however, as at the present, has its usefulness been so fully recognized. So much have the dangers attending the use of the instrument been magnified, that unquestionably there yet lingers in the minds of many strong prejudices against it.

Many, in fact most of the objections that justly obtained before the application of aseptic precautions, are now no longer tenable. It can never be maintained that the use of the curette is entirely devoid of danger, but hedged about with all the modern methods of preventing septic infection, it may be stoutly claimed that the danger is reduced to a minimum in any case of whatever kind, where its use is called for. So, in any case, where the indica tions are plain, the most cautious and timid need scarcely hesitate in its application. It is hardly necessary to add that the use of this instrument, in the hands of a bungler, or careless manipulator, is capable of doing incalculable harm, despite aseptic precautions, let them be ever so thoroughly instituted.

The good results that may be had are so manifold and great, and so far outweigh the dangers, that to enter a plea for a place for it in the armamentarium of the obstetrician or gynecologist, would be a work of supererogation.

When I say curette I do not confine my meaning to those bent wire affairs which have all along been regarded as harmless, and we might safely add, almost useless, at least in gynecological practice, but to the modern improved instruments with cutting edges.

The indications for the use of a dull or a sharp curette depend upon the exigencies of each case, and must be left largely to the judgment of the operator. There is no doubt that much of the disfavor the curette has fallen into is due to the use of a dull instrument, where a sharp one was demanded.

Before referring to the special indications for the use of the curette, and this part of my subject would alone lengthen this paper beyond its intended limits, a brief consideration of the preparations and methods necessary to its proper and safe use, will not be inappropriate.

To begin with, curettage should be dignified by the name of an operation, and the antecedent preparations should be just as zealously carried out as those, for instance, for an abdominal section. Many untoward results have followed because the operator deemed it only necessary to place the patient in position, introduce an instrument, itself probably not clean, and scrape away some foreign body, or adventitious growth.

Concerning the technique of curettage, I cannot do better than follow the suggestions of that most zealous advocate of the procedure, S. Pozzi, in his recent superb work on gynecology. The patient should have a full bath the evening or the morning of the operation. The rectum emptied by enema, the bladder by catheter, the external geni-tals thoroughly washed with soap and water, and afterward with a strong antiseptic solution; vaginal injections of sublimate solution, 1 to 2,000, should be enjoined twice daily for several days prior to the operation. On the day of the operation three injections are to be given, the first two at intervals of an hour, the third at the very moment of the operation. It must be borne in mind that if bichloride of mercury is used for douchings, that gynecological patients will safely stand stronger solutions than obstetric cases. Should the cavity of the uterus need powerful disinfection (as in certain cases of gangrenous fibromatæ, intrauterine cancer with putrid fungosities, etc.), it is advisable to extend the douchings into the cavity. There may exist a demand for continuous irrigation; if so, it is readily applied by means of the irrigating curettes or

other devices. Though pain in many cases is not so great, yet, for the sake of thoroughness and control of the patient, an anæsthetic is demanded.

The operation may be satisfactorily done in either the dorsal or lateral decubitus. The vaginal walls are separated and held apart by retractors or a suitable speculum in the hands of assistants. The first step of the operation is to fix the uterus with tenacula or Museux forceps. The cervical canal must be sufficiently dilated to permit the easy passage of the curette. This is safely and quickly accomplished by the gradu-The choice ated or the steel dilators. of the curette is, as has already been hinted at, not a matter of indifference. In general terms it may be said that dull instruments are most suitable and safest for obstetric cases, while the sharp or cutting instruments are most serviceable in gynecological cases. The scraping of the cavity of the womb should be done in a systematic manner. Beginning at a certain point, say the posterior wall, every part of the surface should be carefully gone over until the starting point has been reached. During the progress of the scraping if it is necessary from time to time to remove the detritus, this can be done by the spoonshaped instruments, or by the irrigating tube. If it is desired, the field of operation can be entirely submerged throughout the operation by an antiseptic solution, by simply elevating the hips of the patient and filling the vagina with the fluid. When satisfied that every part of the cavity has been curetted, it should be thoroughly irrigated with a hot antiseptic solution, this followed by application of some mild caustic or packed with a strip of iodoform gauze. The patient should be kept in bed for three or four days at least, even in the simplest cases. Though to emphasize the safety of this operation under antiseptic management, I have seen surprisingly good results follow the use of the curette in gynecological cases, with no bad effects whatever, that were operated upon in the University outdoor clinic, that were allowed to go some distance to their homes, and where it is certain injunctions to remain in bed were not followed. It has been extremely gratifying both to Prof. Anderson, with whom I have been associated, and myself, that not one unfortunate complication has followed this method of treatment, in the many cases that have been subjected to it, even with the rather incomplete antiseptic possibilities of an outdoor clinic. But, even with so good a record to substantiate the foregoing, similar risks are not advised, only mentioned to demonstrate the possibilities of this treatment.

The special indications are so numerous that even brief mention of them in this connection will not be permissible. In obstetric practice there are two conditions that demand a curette, and demonstrate its usefulness most plainly; they are persistent hemorrhage, due to retained secundines or fungous degenerations of the endometrium after labor or abortion; and the septic conditions of the puerperal patient. It is in this class of cases that the dulled curette finds its greatest field of usefulness, and yields the most brilliant and satisfactory re-Particularly in those annoying hemorrhages that follow incomplete abortions does the curette answer the demand. Instead of temporizing with ergot, hot douches, or other hemostatics, the curette is the certain, safe and rapid substitute. Much time and annoyance is saved, and the subsequent progress of the case is most gratifying. In the management of septic conditions that follow labor, either premature or at full term, I am disposed to claim for the curette an important place. Any one who has made even a microscopical postmortem observation of the endometrium of a case of puerperal septicemia can see at a glance the indication for the curette. Here is a cavity, the lining membrane of which is a decomposing mass. The most important part of the management of such a case is to cleanse this cavity and afterward keep it clean. I do not advocate inconsiderate invasion of the puerperal womb, on the contrary, unless the indications are plain, am much opposed to it. I am satisfied that many cases, especially in private practice, are lost, because we are either too slow, or else lack courage to apply remedial measures that give us the best, and often the only, hope. I refer especially to the intrauterine douches and the curette, and it should have a fair trial, even to the extent of continuous irrigation. If the continuous irrigation fails, recourse to the curette is the dernier resort. The curetting will not reach poison that has already been taken up by the lymphatics or blood-vessels, but it will limit the further production of it. With the curette the sloughing surface is bodily removed, and with it the focus of infection; in fact, we are treating this as we do any sloughing surface in surgical cases. It will be seen at a glance that this procedure should not be deferred too long, if we would reap the benefit. Many cases, apparently hopeless, may be saved by this active and radical measure.

The limits proposed for this paper will forbid extended account of the application of the curette to many of the particular cases of gynecological character, or to detailed description other than what has previously been mentioned, of

the method of using it.

In those obstinate cases of so-called "uterine or cervical catarrh" that become such an annoyance to the busy practitioner—and such a godsend to the poor but aspiring young gynecologistbecause they are not inclined to get well, of all the curative procedures that are lauded by their respective authors, none promise so well as a vigorous attack with a sharp curette. My own experience with the curette in this class of cases has been uniformly satisfactory. The cutting must be deep enough to remove the diseased follicles to their entire depth, and when this is done, certain relief will seldom fail.

Painful and intractible cases of membranous dysmenorrhœa can be most effectively treated and cured by judicious use of the sharp curette. The operation should be performed just prior to the menstruation.

The small-sized sub-mucous fibroid

tumors that cause excessive and dangerous hemorrhage, can be brought under the benign influence of the curette with signal advantage. The hemorrhage in these cases is not so much from the tumor as from the uterine mucosa, which is kept in a constant state of congestion and irritation by the presence of the fibroid.

Much can be said of the value of the curette in the management of cases of uterine cancer that are beyond the reach of the more radical operations. The unfortunate patient can be made more comfortable to herself, her friends and attendants; the rapid progress of the destructive process may be in a measure stayed; septic infection can, for a time, at least, be warded off, and alarming hemorrhages can sometimes be anticipated and put under more perfect con-The scrapings of the curette can be utilized for diagnostic purposes when cancers are suspected in the body or fundus of the womb.

Enough has been said to fully demonstrate the usefulness of this instrument in the gynecological field. While much may be said of the indications for the curette, much has also been said as to the contra-indications, perhaps too much. Many modern authorities seem disposed to ignore such contra-indications as have become classic namely, acute inflammation in and about the uterus and its appendages, and, also, chronic inflammations in the same regions that have left the womb fixed by many adhesions, and which seem disposed to rekindle upon slight provocation.

I cannot yet bring myself to the point of advocating the bold use of this instrument in the presence of such conditions, when the results may be so dire and regrettable.—M. and S. Reporter.

ABSCESS AROUND THE RECTUM.

BY CHARLES B. KELSEY, M.D.

Gentlemen:—I am glad to be able to show you to-day a case of great practical interest to you all, and one of a kind which you must all be ready to treat at a moment's warning, and often without any opportunity for consultation. The hemorrhoids and the fistulæ you may

temporize with; the excisions and colotomies you may send to somebody else; but when called to one of these you must act at once or get somebody else to act for you.

The patient under ether is, as you see, a strong young laborer, in excellent

physical condition; on the left buttock and perineum you observe a brawny swelling, which it requires no skill to say contains pus. In fact, after the perineal region has been cleansed and made aseptic, you see me plunge a long, straight bistoury well up into the ischiorectal fossa and evacuate pus through the puncture thus made. You all notice the foul character and fæcal odor of the same. This does not prove that the abscess communicates with the gut, for pus near the rectum will often have this foul fæcal odor from proximity, without actual perforation.

This, then, is our case—a simple abscess in the left ischio-rectal fossa, into which I have put a bistoury, and from which the pus is steadily escaping in a small stream through an incision just as long as is the breadth of the knife-blade that made it. But let nobody imagine this case has been operated upon, for we have not begun to operate. I have let out a little pus to show you that pus was there and to teach a lesson; that is

all. We will operate later.

The case just as it is now before you reminds me so forcibly of one that I operated upon only vesterday in private practice that I must compare the two to impress the lesson I wish to convey upon you. A young woman on her wedding journey begins to suffer acutely from pain in the region of the rectum. She bears it as long as she can-about three days-and then consults a doctor, who fails to make a diagnosis. After a week of suffering she reaches home, is examined by the family physician, and an abscess the size of a small egg is discovered in the ischio-rectal fossa. Exactly such an incision is made as you have seen me make here, but in that case not for diagnosis, but to cure. Four weeks later I was asked to see the case. The suffering had not been relieved, the patient had been confined to her room and the lounge, and for the last week the pain had been almost unbearable, particularly when the bowels were moved. On examination the puncture made on the right side of the rec-*um was still discharging freely, and on the opposite side there was just such a painful brawny swelling as you see here. The finger in the bowel showed also that this new abscess was bulging into the lumen of the gut. I say new abscess, but it was not new. It was the same one which had been punctured a month before on the opposite side, and had gone steadily on destroying the parts ever since.

The treatment was radical. First, the old puncture was enlarged till my finger could enter. Next, the newer collection of pus in the other ischio-rectal fossa was incised and the finger of the other hand passed into it. The two fingers came together in the median line between the vagina and rectum, and when the incision was finished it reached from a point well below and to the right of the bowel, straight around over the perineum to a corresponding point in the left fossa. Nor was this all, for on the left side the pus was just about to open into the gut; no tissue was left except unsupported mucous membrane, and a director was forced through this and both sphincters cut. The gentleman asks, "What became of the perineum?" There was no perineum except the skin. What had once been the perineum was part of an abscess cavity. If you ask what will be the effect of the disease and the transversal incision across the perineum for its cure, it will be weeks before I can tell you. Of course the common insertion of the sphincter vaginæ, sphincter ani, and transversus perinæi was cut. I do not think there will be incontinence of fæces, but what will be the final effect upon the vagina and internal organs of this loss of support time alone can tell.

After the incision all septa of brokendown tissue were removed, and the entire abscess cavity being brought to the light, it was dressed with bichloride

gauze.

We will do the same to this man, and let him be taken away. I pass a blunt-pointed bistoury into the puncture already made, and enlarge it upward and downward for fully two inches. With my finger I find that this one also has started for the opposite fossa, and also in front across the perineum, instead of behind the anus, and I follow the pus with a transverse incision, but only just up to the median line, which is as far as the pus has had time to burrow.

Now comes the point at which you must use your judgment and when experience is of great value. In the other case I told you that after doing what I

have just done here I found the pus separated from the rectum only by mucous membrane, and that it was necessary to divide both sphincters. the sphincters will not be divided. other case, when it was first punctured, was exactly like this, and the same sort of treatment would have cured it. But when I saw it was practically a horseshoe fistula—an abscess surrounding the rectum in the form of a horseshoe, with the points turned downward, and with an external opening made by the physician on one side of the gut, and an internal opening made by the disease on the other. I must try and make this very plain to you, because the whole treatment depends upon it. I say that in the young lady's case there was an internal opening, and yet in describing the operation I said the abscess cavity was separated from the gut by mucous membrane, which I tore through with a director, and then cut the sphincters, laying the abscess cavity open into the bowel. The latter was the exact condition, and yet, as in spite of laying open the abscess so freely, this thin partition of mucous membrane was sure to break down later and form a fistula, I treated the case as one of fistula already formed. Had this not been done, the patient would in the future have required a second operation for fistula.

In this case, because we have operated earlier, there is still a good deal of healthy tissue between the abscess and the rectum-about half an inch. There is no fistula, and there will be none. There is, therefore, no indication for interfering with the sphincters or the

rectum.

The rule may be stated in a more general way. When you cut into an abscess around the rectum, and find that one wall of the abscess cavity is made up in part of the rectum itself-in other words, that the pus is working towards the cavity of the bowel, and has already begun to press upon it-you may be certain that perforation of the gut will occur in spite of free skin incisions, that a fistula will thus be formed, and render necessary at some time the usual division of the sphincters. It is, therefore, better to complete the destruction which the abscess has so nearly accomplished, open the latter into the bowel, and do the usual operation for fistula in

addition to opening up the abscess cavity.

When, on the other hand, as in this case, you find that you have seen and operated upon the abscess in time, and that the pus has not yet reached the gut, but that there is still sufficient tissue on the rectal side for healing to occur without perforation, you will treat the abscess exactly as though it were in any other part of the body. It is not a fistula—you have operated early enough to prevent its ever being a fistula—therefore it has no more relation to the rectum than it has to the urethra, and it would be as sensible to open it into the one as into the other.

Some experience will be necessary to enable you to decide this point in the treatment. Half an inch of tissue between the two cavities is a good practi-

And now comes the main point in this whole lecture. It is, in these cases, to always operate without delay. They are not like abscesses elsewhere, where you can wait till the pus finds its own escape. I never in my own practice allow a night to intervene between the diagnosis and the incision in one of these cases, for a few hours may make all the difference between an abscess and a fistula; between continence and incontinence of fæces for life; between a couple of weeks' and many months' confinement. Nor do I wait for pus to form in these cases. They almost never undergo resolution, and it is useless to poultice and waste time. When you see a hard, inflammatory swelling in the perineum or buttock, cut into it at once, and cut deeply and freely. The pus will follow in a day or two, if it is not already formed. In this way only will you prevent great destruction of the soft parts, and perhaps irreparable injury to rectum or bladder. I have shown you how the incision should be made so that no pockets are left. Lay the entire cavity open, break down all partitions and sloughing tissue, irrigate with bichloride, and dress with bichloride or iodoform gauze.

The after-dressing is simple but important. The gauze put in at the time of the operation should be left till it has become softened by discharge and can be removed without pain, say on the second or third day. Often this is the

only dressing that need be used during the case, the after-treatment consisting simply in passing the finger along the wound every second or third day to make sure it is healing from the bottom, and not falling together and uniting at the sides, leaving a cavity behind. If there should be any indication for dressings, use them. If the granulations are feeble, stimulate them; if exuberant, cauterize them; but don't stuff the wound with gauze merely because there is a wound. It is a wound that nature will often take care of much better than we can, if we keep it clean with simple water and let it alone.

The complications to be met with in these cases are many. I saw one not' long since where the diagnosis was only to be made by rectal examination, there being no hardness or redness of the skin. The pus was away up at the apex of the ischio-rectal fossa, and was pressing upon the rectum at that level, and had also clothed the urethra, so that the man's symptoms were very misleading. His physician had made a diagnosis of "inflammation of the rectum" because of the pain in the rectum, but there was no pain around the anus or perineum, The man was also suffering from a distended bladder, with overflow. On examination a hard, inflammatory mass the size of a large orange was found projecting into the gut from the left side, about three inches above the

The important question in such a case is where to evacuate the pus, through the rectum or on the buttock; and here, as in the case you have seen, the decision rested upon the amount of tissue intervening between the abscess cavity

and the rectum. Had there been only the rectal wall, I should have incised it, let the pus escape freely by the anus, irrigated and drained the cavity, and left the case to nature, merely keeping the incision into the gut open by the occasional introduction of the finger. The abscess might in this way have healed kindly, or pus might have eventually worked its way to the skin, forming a complete fistula. But, judging from the impression made upon the finger, that there was still a considerable barrier between the abscess and the gut, I determined to open it from the buttock. A long bistoury was therefore passed parallel with the bowel straight up for three inches, till pus appeared by the side of the blade. The incision was then enlarged till it admitted two fingers into the abscess cavity, which was broken up and cleaned out in the usual way. The subsequent treatment consisted only in keeping this incision open by the daily passage of the finger through it up to the abscess. The latter closed up promptly before the deep incision was permitted to close at all, and the patient made a good recovery, without impairment of the functions of the parts.

In this way only can the formation of extensive fistulæ, the cure of which may necessitate deep incisions, and future incontinence be avoided. Many patients have been rendered unhappy for life by the mistake of some practitioner in thinking that an abscess around the rectum was the same as an abscess anywhere else, and could either be left to discharge itself, or would do well if the pus were evacuated by a small incision.

Therapeutic Gazette.

THE RELATION OF WATER TO PALUDAL POISONING.

By E. H. BARTLEY, M.D.

In the literature of malaria very little has been said until very recent times as to the possibility of contracting the disease through drinking water. It has been stated, and it needs no discussion, that malaria can be contracted by exposure to marshes or to the air above marshes, especially at night. Some have

tried to account for this by attributing it to the dampness or fog or low temperature of the air over swamp lands at night. In support of one of these ideas it is claimed that merely by wearing extra warm clothing at night travelers escape malarial infection, or at least escape the outward manifestations or

the chill. That "chills and fever" is usually contracted through the air in some way, has not been called in ques-Nor is swamp air, or foggy weather, or cold nights and hot days necessary to the development of malarial fever. As is well known, an imperfectly drained sub-soil at any altitude is sufficient to produce it. Since the discovery of what has been thought to be the cause of the disease in the blood of man and lower animals, the attention naturally turns to the origin of these organisms and their method of propagation and roads of absorption by man. The air of swamps has been examined, animals, especially pigeons, have been exposed to the air of malarial regions, and their blood has been seen to become charged with this plasmodium. It has been observed, however, that persons who drink the water of stagnant ponds in malarial regions suffer more than those who do not drink them. It is well known that the poison of cholera, typhoid, diphtheria, scarlatina, measles and epidemic dysentery may be conveyed in milk or water. These facts, together with the fact that the home of the paludal poison is in and about swamp lands, would lead us to suppose that whatever the poison may be, if a poison at all, it might be found in swamp waters. If it be found in swamp waters, or in the water saturating imperfectly drained soils, can it pass through the stomach and enter the circulation by this path? It will not be controverted that epidemic dysentery has often, and indeed usually, its causes in malarial poisoning. In the late civil war this fact was well understood, and quinine was largely used as a preventive as well as a curative drug. It was also clearly demonstrated that the character of the drinking water was largely concerned in the production of the dysentery that so seriously affected our soldiers.

Tiedemann and Gartner in their work, "Untersuchung des Wassers," p. 424, say that malaria in some cases is due to drinking water. They quote from Boubin an instance in which a warship containing 229 healthy men took on board some casks of swamp water. On the passage from Bona to Marseilles ninety-eight men sickened from malaria and had to be put in the hospital at Marseilles. Those who did not

drink of the swamp water escaped the disease.

Dr. Fyffe, Dept. Surg. Gen. English Army, in the *Bristol Medico-Chirurgical Journal*, 1883, p. 143, says: "The evidence of the communicability of the poison through portable water is, to say the least, very strong."

In a paper in a recent number of the New Orleans Medical and Surg. Journal. Dr. R. Waggener cites the following cases which came under his observation: "The villages of Warrington and Woolsey, in Florida, had been considered healthy places up to 1872. After that they became very malarious. Previous to that date almost the whole water supply had been from a spring of pure water. About 1872 driven wells became popular, as water could be had at a depth of a few feet, and most of the residents had their own wells. From this time malaria became very prevalent, and it is believed from the change in the water snpply." The same gentleman cites another case, as follows: "In January, 1866, a company of 40 healthy marines were sent to the Navy Yard of Pensacola, Fla. During the first year frequent attacks of malaria began to show themselves among these men. which increased in number during the second year, and during the third year the disease became so prevalent that before August 25 of the party were in the hospital at one time. During this year they were so broken down that they were all sent to Norfolk, Va., where they all recovered. These marines drank the water from a driven well at the yard. The officers and their families drank only from a cistern, and no case of malaria appeared among them, proving that the wells were probably the cause of the sickness among the marines."

In 1875 the Naval Hospital at Pensacola was rebuilt. It proved to be a very unhealthy place, malarial diseases being very commonly contracted by patients and all others who came there. This continued until 1890. At this time there was a change in the water supply. A cistern was constructed, and the use of well-water from the driven wells was abandoned, with the cessation of malarial attacks. The soil at the location of the hospital is composed of a sandy top with a swampy marl underneath. This peaty soil contains organic matter, and

in some way produced these diseases."-

Sanitarian, August, 1892.

Without pretending to give a complete or extended review of the literature upon the subject, the above will give an idea of the character of the evidence which has led to the conclusion that water may carry the poison of the disease, as expressed by Laveran and others.

In the report of the Marine Hospital service for 1890, p. 12, signed by Surgeon Hamilton, he says: "The experience of the past year confirms the previous statement that malarial diseases are contracted through the medium of

food and drinking water."

Laveran reaches the following conclusions upon this subject: "There have been observed cases in which, in the same locality, persons living in identical conditions, but using drinking waters from different sources, the one group being attacked in a large proportion, while the other group of persons are scarcely affected at all.

"2d. In certain otherwise unhealthy localities the paludal fevers have been seen to disappear by supplying pure drinking water instead of the previously

used stagnant waters.

"3d. In localities otherwise healthy one can contract intermittent fever by drinking water from an unhealthy locality. (See case above on ship-board.) The persons most affected are those who drink the water most freely.

"4th. Travelers in malarial countries have found that on boiling their drinking water they escape the disease in a

large proportion of cases."

I will add that filtration will answer the same purpose as boiling if it be carefully done. Pocket filters have been tried in some of the English garrisons in Africa with the result of greatly lessening the number of cases of malarial fevers. I have recently demonstrated this fact with the water supply of this city. It is well known that some of the lower animals, notably pigeons, are subject to malarial poisoning. With the assistance of Dr. A. C. Brush the following experiment was performed: A Chamberlain filter was mounted so that a constant slow stream of water from the city supply was allowed to filter through it for forty-eight hours, collecting the residue on its inner side. It was roughly estimated that about three gallons of water passed through the filter. The filter was washed out with a half-ounce of distilled water, and an ordinary hypodermic syringeful of this wash-water, freed from the coarser particles of the sediment by settling for a few minutes, was injected under the skin of two out of three healthy pigeons, on Monday, September 19th. The following day, September 20th, the injection was repeated. Previous to the injections the blood of the pigeons was examined by Dr. Brush and myself and found to be normal. No abscesses formed in any of the pigeons, and they continued in apparent good health and spirits until on the 24th, when one of those which received the injections was seen to be quiet, somewhat disposed to droop, refused to eat, and felt warm to the hand. The temperature of this bird at 4 p. m. was 105 2-5° F. An examination of the blood of this pigeon showed very numerous organisms such as are seen in the blood of persons suffering with malaria at or near the time of the chill. The other bird that had received the injections appeared brighter, and ate its food. It did not, however, act as well as usual, and felt feverish. Its temperature was 105 45° F. The examination of its blood showed rosettes, ciliated free bodies, and some intracellular bodies. There were fewer of the organisms in this blood than in that of the first one. The third bird did not receive any injection, but occupied the same cage with the others. It appeared well, and its temperature was found to be 103° F. The examination of the blood gave negative results. On the 25th all the pigeons seemed equally well, but the temperatures were not taken. On the 26th the two pigeons seemed somewhat ill again. Temperatures 106° F. and 1053° F.

The experiment was repeated with eight other pigeons on October 5th and

6th, with the following results:

The pigeons numbered one, two, four, six, seven and eight received in the breast an ordinary hypodermic syringeful of the water residue on the 5th, and another on the 6th. No. 5 was one of the first experiment, not reinjected. Those numbered three and nine were left as control birds. Dr. Brush assisted in the microscopic examination

of the blood of all the birds both before and after the injections.

Nothing abnormal was found in the blood of any of them at the first examination.

The following notes were made at the time of the examination on the 10th of October, the fifth day of the experi-

Unfortunately I was prevented from following up the observations of the temperatures after this day. None of the pigeons died, and although they appeared somewhat sick, they all gradually recovered their usual activity after a few days. No. 1. Examination of the blood, taken from a cleansed spot under the wing, shows a few pigmented intracorpuscular bodies and free rosettes. Pigeon looks well. Temperature 105 3-5° F. No. 2. Shows a large number of non-pigmented and pigmented intracorpuscular bodies, and a few free forms. Bird seems sick. Temperature 106 3-5° F. No. 3. No abnormal bodies to be found. Bird seems well. Temperature 104° F. No. 4. A few free plasmodia. A few infected blood corpuscles. Bird seems sick. Temperature 106 2 5° F. No. 5. This pigeon seemed sick. It was one of the first experimented upon, and appears very anæmic. A few crescents and intra-corpuscular pigmented bodies. Temperature 107 1-5° F. No. 6. Pigeon looks sick. Temperature 104 2-5° F. A few flagellated free bodies and intracorpuscular bodies. No. 7. Pigeon looks well. Examination failed to reveal any organisms. Temperature 105 2-5° No. 8. A few free bodies. Seems to be sick. Temperature 104 1-2 F. No. 9. Bird seems well. Temperature 104 1-2° F. Shows no organisms.

Dr. Brush was ignorant as to which birds had received the injections, but was able to determine that point without hesitancy by the examination of the blood, except in No. 7, in which the examination failed to show organisms.

So far as these experiments go, they seem to demonstrate that the malarial organisms exist in Brooklyn water as it reaches the consumers. They also demonstrate the fact that a good filter can separate the poison, and it may be concentrated in this manner. That the malarial organism may live for some time in drinking waters, and that in iron service pipes. That these organisms can be cultivated in the blood of living pigeons, when subcutaneously injected. That the water supplied to Brooklyn contains the organisms or their antecedents. Two practical questions here present themselves:

1st. Why do not more people suffer with malaria?

2d. Can anything be done to remove the organisms or their antecedents from

our water supply?

In answer to the first question, it may be said that healthy gastric juice of normal acidity will destroy these organisms on their way through the stomach. It will therefore require repeated doses and a lessened secretion of acid in the stomach to allow enough to pass in order to produce fever. Again, the human system can master, so to speak, a few of these organisms, while large quantities of them may produce their specific effect. Laveran mentions a case where one detachment of soldiers partook of a certain well before dinner, while another detachment drank of the same water after a hearty meal. large number of the first group of men became malarial, while of the second none contracted the fever. He explains this incident by the fact that the gastric juice of an empty stomach is neutral or alkaline in reaction, while in the second the gastric juice was acid and destroyed the organisms.

It is, then, disordered stomachs that would allow the poison to enter the system in this way. May not this fact partially explain why a large proportion of those who suffer with malaria suffer also with dyspeptic symptoms?

In reply to the second question we may remark that the gregarina, the family that these organisms belong to, inhabit stagnant waters as parasites of water plants. They seem also to have their habitat in the soil water of low, wet places. It would seem also that decomposing vegetable matter in peaty soils, or under stagnant waters or at considerable depths from the surface of almost all soils, may have something to do with the production of malaria. Filtration for so large a city, accompanied with chemical treatment, would be efficient, but impracticable. Cleansing the ponds from which the water is taken would be practical, and of undoubted benefit. Draining the soil about such

ponds by tiling or ditching ought to be of value. This discussion opens up a wide field for investigation and experiment, which ought to confirm or disprove the above conclusions.—*Brooklyn Medical Journal*.

THE DISADVANTAGES OF HOT-WATER ROTTLES.

The custom which so largely prevails mainly among ladies of using hot-water bottles in bed for the purpose of warming their feet, time honored as it is, cannot, after all, be said to have had much to commend it. Indeed, there is a good deal more which can be urged against it than can be said in its favor. Ladies who resort to the habit, for habit it soon becomes in the majority of instances, suffer from cold feet, a condition which, it is needless to say, does not particularly conduce to the wooing of sleep. But cold feet is a symptom which should not be left to be dealt with at the end of the day; on the contrary, those in whom it occurs should bear in mind that in ordinary health the proper remedy for this condition is exercise. tends more to cause "cold feet" than sitting about the house all day, or reducing the daily exercise to a minimum amount, either on account of laziness or feebleness of will-power for exertion. Some persons console themselves with the reflection that they were born with cold feet, and on these grounds hold that it was always intended that they should warm them by artificial means, thus ignoring the necessity which exists for exercise. Hot bottles, too, used in this way, become a fertile source of chilblains, and, moreover, are not devoid of danger. We heard the other day of two cases in which the ladies using them were seriously scalded by the cork of the earthenware bottle containing the boiling water suddenly popping out. This brings us to the consideration of whether hot bottles should be used at all, and we think the answer should be in the negative. The best way of warming cold feet at night is to clothe them with warm woollen socks or stockings, which may be slept in. By this means the temperature of the feet is gradually raised, and is equably maintained all night without trouble or risk. Another useful plan is to raise the feet on a pillow about two inches above the knee, so as to facilitate the return of the blood through the veins of the limbs .--Medical Press.

Duboisinum Sulphuricum.—Dr. Lewald (Jour. Nervous and Mental Diseases) states that as a sedative in mental diseases this drug has no superior. He has used it in a large number of cases, and finds that its hypnotic influence can be depended upon. It is to be administered subcutaneously, in doses of not more than 0.002 grains, and it is in no case to be increased. The author thinks that if the drug were more widely known the time would not be long before it would supersede hyoscine, as it is more effective and has less disagreeable properties.—Boston Med. and Surg. Journal.

Esmarch celebrated his 70th birthday on January 9th, 1893.—Medical News,

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ROBERT D. JEWETT, M.D. Editors and Proprietors. J. ALLISON HODGES, M.D

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Editorial.

OUR THANKS.

The JOURNAL under its new management desires, in this public manner, to return its sincere thanks to its many friends and subscribers for their flattering words of congratulation and approval. The hearty good wishes and the unanimous endorsement that we have received from the medical fraternity in this and other States, as well as the complimentary notices from the State press, are greatly appreciated, and will act as a new incentive to greater and better things in the future.

We purpose, with the aid of Southern talent, making this one of the high-class medical journals, not of North Carolina nor of the South, but of the United States, and we propose that it shall be a neccessity to every practising physician in our State, at least. Again, we thank you, gentlemen, and ask your continued hearty co-operation.

THE MEDICAL FAD OF THE DAY.

In these latter times it appears that every individual and, likewise, every profession, must have some peculiar and distinctive characteristic, approved and regulated by the laws of fashion. The fiat of public opinion has gone forth, and so, of necessity, must it be.

It is considered the correct and proper style to do this or that thing, to follow this or that leader, without thought or reason; and to this popular and inexorable custom must all classes and conditions of men bow in humble and sycophantic subserviency. To this rule the physician in late years has proved himself no exception, and as a consequence the medical profession, that it may be no laggard in this onward march of progress, must also have its "Fad."

The one most popular at the present time seems to resolve itself into a most anomalous, and, at the same time, a most phenomenal proposition. It is that the physician first applied to by the patient, provided it be not an acute case, should feel it his professional duty to advise said patient to immediately seek some other physician for treatment! The prevailing custom is that if a patient presents himself to the Editorial

average medical practitioner, and especially if he appears to be suffering with any disease that will require prolonged treatment, or that will demand surgical interference, he must be despatched without delay to some specified hospital. If he lives in the country, he is advised to hie himself away to the nearest town or city for treatment; if he resides in a city, especially if in a Southern city, he must speedily betake himself to some larger city, and most probably to some Northern city, where live the great and only Galens of the profession, the preeminently wise and distinguished special ists of the age!

Is this unfortunate state of affairs the result of a most remarkable and a most unwarranted display of professional courtesy upon the part of the home physician, or is it an evidence of distrust in his own ability? Is it fear, is it incompetency, or is it a fashion? Is it the outcome of his own indisposition and indifference, or is it the result of systematic and long-continued advertising by some of our city confrères? Whatever may be the cause, the fact remains that this deplorable practice among our physicians is on the increase, and that the evil results, consequent upon such a course, betoken serious harm to our profession in the South. It has not yet been two weeks since this writer saw three patients upon one North-bound passenger-train, and all of them from a State which may well be proud of its learned medical faculty.

It is high time that our profession in this State, particularly, should pause and consider the magnitude of this prevailing medical fashion; for a fashionable medical "fad" we must believe it to be. It cannot be that our fraternity is wanting in learning and ability, for we have in our ranks men of undoubted and unquestioned ability. In fact, we claim that we have sufficient brains in the medical profession in the South to ac-

complish anything that has ever been done by the profession at large. In proof of this, witness, for instance, the Southern surgeons in the late war, who, with the exception of a few furnished by the larger cities, went into the military hospitals without previous practice, and yet before their four years service had expired, some of them had attained the highest eminence as brilliant and successful surgeons.

We are assured that our physicians need only practice to make them the equals of any surgeons; but if they continue to send all their novel and interesting cases to city hospitals, how can they ever expect to render themselves correct diagnosticians or successful operators?

We are ready to admit that the facilities for treating surgical cases conveniently are better in the hospitals, and that the operators are possibly, from continued practice, more dexterous and skilful, but if the results of hospital treatment in large cities were accurately collated and truthfully reported, their reports, even of surgical cases, would not compare favorably with the results obtained in private practice in remote country districts where the hygienic environments are more conducive to good results.

We believe that if the physicians and surgeons, even here in our own State, would report some of the cases that have come under their care and observation and the brilliant results that they have obtained, that those reports would be a revelation indeed to some of our less fortunately favored city brethren.

In the last issue of the JOURNAL we attempted to show that every practitioner has now at hand the most effective agents in obtaining the most approved antiseptic results. This being the case, is it not incumbent upon us, in justice to our profession and in justice to our patients, to think well before dis-

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missing from our charge a case which has not been thoroughly investigated and treated? Such a course of action oftentimes involves a great expense upon the patient, and almost always, necessarily, lessens his respect for, and confidence in, his family physician, and correspondingly in the medical profession as a profession.

We do not pretend to deny that there are some high-class surgical cases, so to speak, that would receive better treatment in the wards of a hospital, nor do we intend, by any means, to decry consultations among physicians, but we do deprecate and deplore this wholesale tendency of one physician to shift his responsibilities upon some other physician. It is but the part of a noble manhood, jealous of the best interests of his profession, to be able to detect his own imperfections and shortcomings and willing to admit them, when necessary, by seeking advice and consultation. but it is not commendable in him to resort to this easy method, of which we have written, of shirking his professional duties. Our profession needs more selfassertiveness, and then the public will respect it accordingly. As it is, our patients often do not wait for our advice before taking themselves to "foreign fields" for treatment, but who is to blame? If we do not wish to admit our own incapability before all the world and merit the censure of the medical fraternity in the larger cities, we must think and act for ourselves. As a rule our patients wish to honor us and our profession; then let us not forfeit their respect, nor lose their confidence. Think once again before humiliating yourself and your profession, without resonable cause, by such advice.

We have written thus in the hope of building up and strengthening and elevating our profession in North Carolina. We have the learning necessary and the ability necessary to reflect credit upon the profession as a whole. Then let us stand together and stem this tide that threatens to sweep over us and break down our barriers. We should counsel together, and should not be slow to admit one another's abilities, but above and beyond all, we should have confidence one in another, and never betray the best interests of our noble profession.

THE HEALTH CONFERENCE.

As stated in the last number of the JOURNAL, a call was issued by the State Board of Health for a Health Conference to be held in the city of Raleigh on January 25th last. In pursuance of this call there assembled a number of gentlemen from various sections of the State, the Conference being made up of lawyers, merchants, superintendents of health, members of the Legislature, besides members of the State Board of Health and other physicians.

The business which occupied nearly the whole time of the Conference was the consideration of a proposed substitute for the present health laws of the State. The proposed substitute was drawn up and presented by Dr. Richard H. Lewis, of Raleigh, the Secretary of the State Board of Health. It was read by section and each section immediately acted upon. If the substitute as adopted by the Conference is passed by the Legislature, North Carolina will be better protected from the ravages of plagues and epidemics originating either in foreign ports or in our own borders, than she has ever been before.

The sections on Inland Quarantine, defining the duties of health officers, county and city officials, common carriers, householders and physicians in case of the occurrence of cholera, scarlet fever, yellow fever, typhus fever, smallpox or diphtheria would be a very desirable addition to our health laws. At

the time of this writing the proposed bill has not been acted upon by our lawmakers, but has been introduced, we understand. We hope to present our readers with the text of the bill that is passed, and will therefore touch but slightly upon the provisions of the various sections at this time.

Among other provisions of minor importance was one which will establish a fixed day for the biennial meeting of all county boards of health for the election of a superintendent of health, and providing for a notice of the meeting being sent by the Secretary of the State Board to all persons eligible to membership in the county board and whose address can be learned. This notice has to be mailed by the 20th of August next preceding the date of election, which is fixed for the first Monday in September, 1893, and each two years thereafter. The new superintendents elected in September, 1893, will begin their service at the expiration of the term of the present incumbents, and serve until the first Monday in September, 1895, when their successors shall be elected, to enter upon their duties immediately, and serve two years. In case there is no meeting and consequently no election, the section provides for the election of a superintendent by the county commissioners.

Considerable interest was manifested in the matter of regulating the pay of superintendents of health, and this subject caused more discussion than any other that was brought before the Conference. While it may seem a matter of little consequence to the people at large whether these officers receive large or small salaries, it is an exceedingly important matter, for by the price paid the incumbent of an office, in this instance at least, may his efficiency be measured. and where is it more necessary to have efficient officers than as guardians of the health of the State? This scheme, as adopted by the Conference, while failing

to be altogether satisfactory, will commend itself as being much better than the old law, and will be the means, in many instances, of filling these important offices with much more capable men than could be found to accept them heretofore.

The inland waters of the State are to be under the control of the State Board of Health, who shall inspect them and pass upon their fitness, in any particular case, as sources of water-supply. Heavy penalties are fixed for wilfully rendering impure any source of supply of drinking water. Public institutions, corporations, etc., intending to establish a system of water-works or sewerage, must first get the advice of the State, or their local board of health. This whether they follow the advice or not. This is very well as far as it goes, but in the establishment of these enterprises-which, once introduced, must be permanent, or else involve an expense few communities in this State can stand—the projectors of the scheme should be absolutely bound by the opinion of the State Board of Health. They are the ones best able to judge of the dangers in any given case, and they could have no other object in view than the welfare of the people. The city of Wilmington is to-day suffering, and from all appearances will continue to suffer for years to come, from the inexcusable blunder of her Board of Aldermen who insisted in accepting Cape Fear River water, taken from a point almost in the city limits, as suitable for domestic purposes. And the city of Raleigh came near being in a greater dilemma by allowing the watersupply to be taken from a stream just below a point where some eighteen thousand gallons of sewage from the Asylum was poured into it daily. The vigorous action of the city Board of Health averted the calamity.

The State Board of Health is required to make an inspection of the public

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institutions of the State, including the convict stockades, at least once in each year, and as much oftener as requested by the State Board of Public Charities,

A very important matter was that the contingent fund, to be used by the State Board, with the sanction of the Governor, in case of any threatened epidemic, was increased from \$2,000 to \$5,000. It is evident at a glance that, should this fund be required at all, as we are thankful to say it has not yet been, the former sum of \$2,000 would amount to almost nothing.

We have not pretended to go over the whole bill, but only to touch upon the more conspicuous features which do not exist in the law as it now stands. We haven't a copy of the bill before us, and write solely from our memory of the bill as we heard it read at the meeting in Raleigh. As we said above, the whole bill, as passed by the Legislature, will be printed in the JOURNAL'S next issue, we hope.

There was a spirit of earnestness and zeal manifested by those who took part in the Conference which should assure the people of North Carolina that they have faithful and capable men as the health-guardians of their homes, and that if the dread enemy, which is at present only sleeping in the countries across the water, does succeed in gaining an entrance into our State, it will be owing to lack of support by the State, and not to lack of effort on their part. Let every citizen in this State, therefore, and especially every physician, uphold the State Board of Health in their work. And in conclusion we remind the doctors to remind the people that now is the time to be making their preparations for warm weather and the recrudescence of the dread disease which caused such misery in Europe last year, and from which we ourselves so narrowly escaped. We say this to warn and not to alarm, that the past history of cholera epidemics

points to the second year as our greatest time of danger. Shall we avert such a calamity as befel the city of Hamburg last year? If so, we must BE CLEAN.

SOME THOUGHTS UPON THE TREATMENT OF PNEUMONIA.

It is a generally accepted axiom among physicians that the views en tertained by the profession as regards the treatment of acute cases of pneumonia are contradictory and antagonistic. We are confident, however, that such is not the case.

While there are always certain characteristic and concomitant signs and symptoms in every case of pneumonia, still this disease is not associated always with the same conditions of the general system. For example, pneumonia may be complicated with Bright's disease or cancer, with typhoid or malarial fever, and yet in each of these cases the conditions of the general system are by no means identical.

Likewise, too, it may be a pneumonia of old age, or it may be a pneumonia of childhood: in either of which events the systemic conditions accompanying the disease itself are necessarily different. It is but reasonable to suppose that the condition of the general system of a patient suffering, for instance, from typhoid fever, complicated by pneumonia, must be entirely different from that of one who is suddenly attacked with this disease when in the most vigorous health. In the one case the severity of the disease, in addition to the existing typhoid condition can but tend to still further depress and depreciate the vital functions, while in the other the inflam. matory processes will tend to increase, at least temporarily, the systemic and circulatory excitement. In both cases we have a pneumonia, but with different existing conditions in the general system of the patient, and thus, while we may

have the same pathological conditions in the consolidated, we have diametrically opposite conditions outside the lungs. This, we believe, is the cause of the seemingly antagonistic views held in the treatment of this disease. This, also, is the reason why it is impossible for any intelligent practitioner to prescribe for pneumonia cases according to any rigidly formulated plan. The treatment must depend, necessarily, upon the primary condition of the patient, and consequently every case of pneumonia belongs to either one or the other of two classes, sthenic or asthenic; if the former, the treatment must be sedative in character; if the latter, it must be tonic.

In sthenic cases of pneumonia, where the patient is robust and healthy when attacked, the object, according to a rational mode of treatment, is always to quiet the circulation and lessen the flow of blood to the already engorged lung. This can best be accomplished by the administration of the tincture of veratrum viride, in two to three drop doses, every hour until the decrease in the rate of the pulse, together with the appearance of a slight perspiration, indicates the full effects of the drug.

This drug causes a temporary dilatation of the entire arterial system, and thus protects the threatened lungs by virtually "bleeding the patient into his own tissues." It should always be given in the beginning of the first stage, and should never be administered without due caution. It is a slight expectorant, and also produces a sedative effect upon the nervous system by its stimulating

action upon the inhibitory nerves of the

On the other hand, in asthenic types of this disease, there is present no acute inflammation characterized by arterial excitement, for the patient's vital powers are already in a depressed and feeble condition, and as a result of this existing condition, stimulants and tonic medication are a necessity from the inception of the attack.

In these cases digitalis, belladonna, ergot and strychnine best fulfill the indications. While digitalis is usually a sufficient cardiac stimulant, yet its action is often improved and rendered more permanent by its combination with ergot or belladonna. The tincture of belladonna is indicated in addition to digitalis when the pulse is full and weak, for it is a tonic to the vaso-motor system. It also prevents profuse sweating and allays the cough, Strychnine is recommended in conjunction with digitalis if collapse is imminent, or if the dyspnæa is troublesome. The medicines mentioned, when skilfully and earnestly exhibited, meet the major requirements of these cases, but every physician should bear in mind this important point-never to administer remedies simply because the patient has pneumonia. The two lines of treatment indicated are the ones upon which all pneumonia cases must be treated, and while, of course, the agents used may be different in name, still they are all of kindred therapeutic effect.

Those that we have briefly noted we consider the best, though, of necessity, they are as liable to modification as the conditions affecting the disease itself.

Reviews and Book Motices.

Text-Book of Ophthalmology, By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Authorized Translation from the Second Enlarged and Improved German Edition by A. Duane, M.D., Assistant Surgeon Ophthalmic and Aural Institute, New York. With Numerous Illustrations. Royal Octavo; 750 pages; cloth. D. Appleton & Co., New York, 1892.

The subject matter is divided into four parts, viz: Part I., Examination of the Eye; Part II., Diseases of the Eye; Part III., Anomalies of Refraction and Accommodation; and Part IV., Operations. An appendix is added by the translator giving descriptions and illustrations of the various instruments necessary for operations on the eye.

The instructions for the objective and functional examination of the eye are very clear. In treating of the diseases of the eye the author has, both in etiology and treatment, shown that care and judicious spirit in the presentation of facts which will commend the work to all his readers; and the thoroughness and freshness of the information and the scientific accuracy which characterize the book has won for it a prominent place as an ophthalmological text-book. The translator has made only such additions to the original as seemed necessary to adapt the book to American readers.

A Manual of Medical Jurisprudence and Toxicology. By Henry C. Chapman, M.D., Professor of Institute of Medicine and Jurisprudence in the Jefferson Medical College, Philadelphia, etc., etc. etc. With thirty-six illustrations, some of which are in colors. W. B. Saunders, Philadelphia, 1892. Price, cloth, \$1.50.

This book of 230 octavo pages is not intended as an exhaustive work on this important subject, but embraces essentially the lectures delivered at the Jefferson Medical College during the years

1891 and 1892. The author has used his practical experience, of six years as Coroner's physician of the city of Philadelphia, as a guide in selecting those things which are most important for practical purposes.

Anatomy (Double Number).—By Fred F. Rockway, M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, New York, and O'Malley, M.D., Instructor in Surgery, New York Polyclinic. Being Volume I. of the Students' Quiz Series, edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Pocket-size 12mo., 367 pages, 15 illustrations. Limp cloth, \$1.75.

From the last clause of the preface we learn that "this volume is not intended to replace text-books, but will be found serviceable in facilitating the remembrance of knowledge gained ftom more extended works and at the dissecting table." As such we can heartily indorse it as a convenient friend and companion for the dissecting room. By leaving the student to illustrate the text on the cadaver (a wise plan) and leaving out many monosyllables, much space has been gained.

A Treatise on Nervous and Mental Diseases, for Students and Practitioners of Medicine. By Landon Carter Gray, M.D., Professor of Nervous and Mental Diseases in the New York Polyelinic; Visiting Physician to St. Mary's Hospital; Neurologist to the Hospital for Ruptured and Crippled, etc., etc., etc., With 168 illustrations. Royal Octavo; 676 pages. Lea Brothers & Co., Philadelphia, 1893.

Part I., consisting of two chapters, is devoted to the anatomy of the nervous system and a dissertation upon electricity, with a description of the different kinds of electricity and illustrations of necessary apparatus. The chapter on anatomy is richly illustrated by drawings made from brains which have been kept for a day or two in salt solutions or hardened in alcohol, so that the reader may feel assured that they are true to nature. The descriptions are so clear and the cuts so excellent that one cannot fail to understand them and to gain a practical idea of this most important part of the work, without which an accurate diagnosis and rational treatment are impossible. This chapter would be incomplete without the excellent section devoted to cranial topography, with a diagram giving the names and positions of the different landmarks by means o which the various fissures and convolutions of the brain may be accurately located

Part II., devoted to nervous diseases, begins with a chapter outlining the localization of the different lesions of the brain and spinal cord, followed by a chapter describing the manner of testing the different senses-sight, hearing, smell, taste, touch, pain, muscular sense, temperature and weight. In this part especial attention has been given to the needs of the general practitioner, and as the loftiest aim in medicine is the relief of human suffering, the author has dwelt largely upon the subject of treatment and he has admitted nothing which has not stood the test of practical experience. Neurasthenia has received extended notice.

Part III embraces eighteen chapters devoted to mental diseases and indicates which diseases of the mind are best treated at home, which may need both home and asylum treatment, and which may require seclusion from the outset.

Professor Gray is to be congratulated on the conciseness and practicalness of his work and the exceedingly pleasant style in which it is presented. It will be of untold assistance to those who may not refer their cases of nervous diseases to specialists, and in arriving at an early diagnosis in these obscure diseases, where assistance, to accomplish any good, must be given in the early stages.

Notes on the Newer Remedies. Their Therapeutic Applications and Modes of Admin. istration. By David Cerna, M.D., Ph.D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc., etc., etc. Cloth. Octavo. Pages 168. W. B. Saunders, Philadelphia, 1893. Price \$1.25.

The rapidity with which new therapeutic agents have been given to the profession during the past few years almost bewilders one, and is only equaled by the earnestness and energy with which bacteriologists and other investigators are searching for the causes of disease. It is worthy of note that, while it is being proven that so many diseases are due to living germs, many of the therapeutic agents lately discovered act as destroyers of these germs-antiseptics. We welcome Dr. Cerna's little book as supplying a much felt want. While it has been possible to get the literature of some of the newer remedies from the manufacturing pharmacists, each of these enterprising firms could only furnish that relating to the products handled by themselves, And while the rapid increase in the announcement of new and important remedies has required revisions and new editions of works on pharmacology and therapeutics at frequent intervals, the average physician does not feel justified in continually investing in expensive books. the greater part of which he already has on his shelves. In this little volume the new remedies and new forms of old ones only appear. They are arranged alphabetically and are treated of in a very concise manner, giving the origin, therapeutic application and mode of administration of each and generally also the physical properties and solubility. It has not been attempted to relate all of

the conditions in which these remedies have been used, but only to give the salient points in their application.

The author, in his preface, asks for suggestions looking to the improvement of the book. He has done his work so excellently that our only suggestion is that under the name of each preparation the name of the firm, from which it may be had, be placed in parenthesis for the convenience of those wishing to procure it.

Diseases of the Lungs, Heart and Kidneys, By N. S Davis, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical Society Chicago Academy of Sciences, Illinois State Microscopical Society: Fellow of the American Academy of Medicine; Author of "Consumption, How to Pe vent it and How to Live with it," etc. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo. volume of 359 pages, Extra Cloth, \$1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert Street.

This volume comprises a part of the topics lectured upon by the author in the Chicago Medical College, being in great part elaborated from his notes. It will commend itself to students and practising physicians alike. Section I is devoted to the diseases of the bronchi, lungs and pleura; Section II to the diseases of the heart; and Section II to those of the kidneys. Dr. Davis has paid especial attention to the subject of treatment, giving explicit directions as to the time individual drugs should be

used and their mode of action in each case. Where formulæ for the administration of remedies are suggested they are written in metric measure, each item being expressed in English measure also. The volume will prove very useful and will doubtless meet with a large sale as soon its merits become known to the profession.

Fermentation. Infection and Immunity. A New Theory of these Processes, which Unifles their Primary Causation and Places the Explanation of their Phenomena in Chemistry, Biology and the Dynamics of Molecular Physics. By J. W. McLaughlin, M.D., Austin, Texas. Copyright, 1892. Octavo. Pages 240. Cloth. Price \$1.50. Austin, Texas: Eugene von Bæckman, 1892.

The author considers the various theories which have been advanced in explanation of the phenomena of the processes, of which the volume before us treats, are unable to account for the intimate relationship which has been recognized between them. With the belief that the new theory submitted by him offers a rational solution of these problems, he presents here the results of his investigations.

Motherhood

Is a monthly journal devoted to the interests of mothers, edited by Mrs. George A. Paull. It contains much that mothers ought to know and observe; and if the future numbers maintain the excellent standard set by the initial number, it will deserve unlimited success, and we hope will have it.

Current Literature.

PRESENT STATUS OF DRAINAGE IN SURGERY

Was the title of a paper by Dr. A. M. Cartledge, of Louisville, before the Southern Surgical and Gynecological Association, held in Louisville, November 17, 1892. The following summary was presented:

I. The principle of artificial drainage in surgery, while very ancient, was imperfectly understood, and was oftentimes as much a factor for evil as for good.

2. Though our knowledge of the principles which govern a healthy regeneration of wounded structures has greatly advanced, and our progress in wound therapeutics kept pace, we fail to appreciate how artificial drainage can be altogether dispensed with in surgical practice.

3. To lessen the use of artificial drainage it is necessary to thoroughly apply the principles of asepsis and antisepsis, combined with buried sutures, fixation and alimentary or systemic drainage.

4. Where from any reason the production of a serum cannot be controlled, its removal by drainage is a safer surgical measure than any attempt at sterilization in situ.

5. The time required for primary drainage is from twenty-four to sixty hours; to wait longer is to encourage trouble; to remove sooner than twentyfour hours is taking risks not warranted in the premises.

6. Capillary is to be preferred to tubular drainage in wounds other than those of the large cavities. For this purpose absorbable material should be selected,

catgut being the best.

- 7. Where it is desirable to combine hæmostasis and drainage in the same measure, the strips of iodoform gauze, as recommended by Mikulicz, fulfil a most useful purpose.
- 8. Where natural drainage can be utilized without producing unsightly cicatrices, artificial drainage should be dispensed with; when feasible, combine the two.
- 9. Wounds involving the brain and cord had best be drained, to avoid me-

chanical violence to the function of delicate structures by retained serum.

- 10. Necessity for artificial drainage will most often arise in wounds invading the large cavities; here flexible tubular drains (glass) best meet the requirements, aided or not by materials acting by capillarity.
- 11. The method of secondary suture after primary wound secretion is over, advised by Kocher, seems to possess no advantage over drains that have to be removed, and certainly is not to be compared in convenience, comfort, etc., to the patient, to absorbable capillary drains .- Medical Record.

CHROBAK'S METHOD OF RETRO-PERITONEAL TREATMENT OF THE STUMP.

Besselmann (Centralblatt für Gynäkologie) points out that there are several drawbacks to the ordinary extra-peritoneal treatment of the stump after supravaginal amputation of the uterus, both in the course of recovery and in the later results, and that its chief advantage is that the peritoneal cavity is completely cut off from the wound surfaces, and therefore primary or secondary infection from the wound is prevented. Following upon the work of Schröder and Frank, and upon Sänger's method of sero-serous stitching, Chrobak has had good results with a modification of abdominal total extirpation first used by Bardenhauer, and Chrobak has now extended these principles to the supravaginal amputation of the uterus also (so-called abdominal hysterectomy). The stump is covered with peritoneum, which is freed before the uterus is amputated by a circular incision at a higher level than the amputation level. Chrobak calls this the retro-peritoneal method of extra-peritoneal treatment of the stump. A case is given in which the author used this method. The diagnosis was intramural fibroma or myoma, and it was considered impossible to perform total vaginal extirpation. The general and local preparation included careful washing out of the uterine cavity with in

100 corrosive sublimate lotion.

Trendenlenburg's method of elevation of the pelvis was adopted. Only sterilized water was used after opening the abdominal cavity. The small intestines were turned out of the pelvis and covered with warm towels. The adnexa on both sides were doubly ligatured and both ovaries removed (the left adherent to rectum). A circular incision half way up the uterine body was made, and the peritoneum separated to the vaginal fornices. The uterus was removed 1 cm. above the line of separation of the peritoneum; the left uterine artery spouted and was tied. Complete cleansing of the cervical canal with sublimate lotion (1-1000). To prevent oozing from the wound surfaces of the stump its walls were ligatured all round piecemeal, the cervix being kept open and the peritoneum avoided. The cervical canal was plugged with iodoform gauze which protruded into the vagina. The cut edges of the peritoneum were united to both sides and over the stump, which was sunk back as into a pocket. The small intestines were replaced and the abdomen closed and dressed.

The iodoform gauze was removed on the third day, and some greyish fluid without odor escaped. The patient was in the condition of a healthy lying-in woman. The stitches were removed on the tenth day. She left her bed on the sixteenth day and went home on the twenty-third. The uterus contained three intramural fibromata and the ovaries were cystic. A special advantage of this method is the extra-peritoneal drainage of the stump through the cervical canal, in addition to the exact closure of the peritoneal cavity which

it allows .- Med. Chronicle.

ULCER OF THE RECTUM.

An ulcer of the rectum may result from any acute or chronic inflammatory process of the lower bowel. It is not an infrequent sequence of dysentery or may result from procitits due to prolonged diarrhœa. Inflammation of a hemorrhoidal tumor or gummatous deposits of the late stages of syphilis may also give rise to ulcer of the rectum. Overdistention of the anus in the pas-

sage of hardened feces, together with the presence of hard substances in the dejections, is a prolific cause of this condition.

Tubercular deposits in the rectum may break down and thus produce ulceration of the rectum, while the initial lesion of syphilis or a chancroid located at the margin of the anus or in the bowel itself, may give rise to ulceration.

The symptoms of ulcer of the rectum vary with the character and location of the sore. If the ulcer is situated within the grasp of the sphincter muscle, tenesmus is apt to be a very marked feature. An ulcer resulting from an acute inflammatory process, or due to an injury of the intestine, is apt to be more painful than that variety due to a sub-acute or chronic catarrh or tuberculous deposits.

A common symptom of all varieties of ulcers situated in the rectum is the pressence of more or less blood, and of macus or pus in the discharges. Tubercular ulcers of the rectum are very rarely found before the occurrence of symptoms of tuberculosis of the lungs. They may be recognized by their yellowish color, small size, being scattered over a considerable area of the intestine.

Chancroidal ulcers of the rectum may be recognized by the characteristic margins and the rapidity with which they spread. Any one with a phagedenic ulcer of the genitals may develop an ulcer of the rectum by direct contact of the secretion of the chancroid, or the virus may be conveyed by the nails in scratching. The sore, under these conditions, usually appears on the mucous membrane covering the anal margin, extending subsequently into the rectum. the diagnosis is generally made by the peculiar appearance of the ulcer and the presence of a chancroid on the genitals. The initial lesion, when met with, is usually confined to the margin of the anus.

Ulcers of the rectum resulting from a breaking down of gummatous deposits of tertiary syphilis are chiefly found along the upper margin of the sphincter muscle. From this point they may extend upwards and may involve the whole rectum and colon. They are usually multiple, and vary in size from a small pea to a half inch or more in diameter, and in some instances perforation may take place. The appearance of the ulcer,

together with the history of syphilis, are of diagnostic importance.

A favorable prognosis may be made in all forms of ulcer of the rectum, with the exception of the tubercular variety. These may be relieved by treatment, but permanent results cannot be attained.

The one indication in all forms of ulcer of the rectum is to give as complete rest to the bowel as possible. effort should be directed to keep it clear of fecal matter, and this may be accomplished by the repeated use of enemata and the administration of suitable articles of diet. Irrigation of the intestines by warm or cold water, at a temperature most agreeable to the patient may be employed. The best apparatus for this purpose is a fountain syringe, and the fluid should be retained for as long a time as possible. A greater degree of tolerance may be secured by placing the patient upon his left side, with buttocks elevated.

When the ulcer encroaches upon the sphincter muscle, thus producing painful tenesmus, the hypodermic use of morphia or opium suppositories may be resorted to for the relief of the spasm. In obstinate cases divulsion or division of the sphincter may be demanded.

In the treatment of ulcers arising from dysentery, catarrh of the rectum or the breaking down of hemorrhoidal veins, it may be necessary to inject a solution of from five to ten grains of nitrate of silver to the pint of water into the rectum. If the ulcer is in sight, the local use of lunar caustic will hasten recovery. An excellent remedy for the relief of pain and tenesmus is the introductiou, three to five times in the twenty-four hours, of a suppository composed of two grains each of iodoform and cocaine hydrochlorate.

The most energetic treatment is demanded in cases of chancroidal ulcers of the rectum. Ether should be administered, the sphincter divulsed, the ulcer exposed by means of a speculum, its surface scraped with a curette and thorough cauterization effected with nitric acid. In the after treatment the use of the cocaine and iodoform suppository is demanded.

Syphilitic chancre of the rectum yields readily to the constitutional treatment employed in syphilis.

Tubercular ulcers should be treated

by the use, internally, of cod liver oil, iron tonics, the hypophosphates of lime and soda, and carefully selected diet. Irrigation of the intestine with warm water will be found serviceable.—Wyeth—International Jour. of Surgery.

EXTRACTION OF CATARACT AT THE PRESENT DATE.

Landolt (Archives d'Ophthalmologie) contributes an exhaustive paper on the above subject, embodying the views of a large number of ophthalmic surgeons in various countries.

Many surgeons-among them Panas and Waldhauer-wait until the lens is completely opaque before operating; others take the visual acuity as their guide (Critchett and Juler); others, again, consider that after a certain age, varying from 50 to 60 years, every lens may be extracted without difficulty (Hirschberg and Schweigger). The author agrees with Alf. Graefe in thinking that the age of cataract is the most important guide; a cataract which becomes ripe very slowly, or even remains stationary for some time, can generally be safely extracted, while the operation should be postponed if the opacity is rapidly increasing. Most authorities are agreed that if artificial maturation be necessary, Forster's operation with iridectomy is the best, the extraction following not earlier than a month.

The great majority of operators use Graefe's knife for the corneal incision, and make an upward section, though some (A. Graefe and Schweigger) prefer the lower. The latter operation is easier to perform, but if an iredectomy be necessary the downward coloboma is a drawback, and the edges of the wound do not always fall into good apposition.

Most operators make the incision through the sclero-corneal junction, but since the introduction of antiseptics many cut entirely through the cornea. Knapp and Snellen speak in favor of cutting a conjunctival flap at the upper part of the section, to protect the wound from infection. Laqueur, on the other hand, believes that a flap harbors dirt and favors infection.

The author considers that extraction after a previous iridectomy is the simplest and safest operation. The iridec-

tomy should be performed at least a month before. The coloboma shows the dimensions of the cataract, and thus the length of the corneal incision can be more accurately determined; if traction be necessary, the coloboma is of great assistance. He objects to iridectomy at the time of extraction, on account of occasional hæmorrhage from the iris, which would obscure the field of operation.

Gayet examined the vision of 195 of his cases with iridectomy and a similar number without, and found the mean vision in each series to be one-eighth, absolutely identical. Fuchs, Graefe and Swanzy have the same visual results.

Landolt believes that iritis, prolapse of the iris, the retention of cortical masses, and secondary cataract, are all more rare after extraction with iridectomy than after the simple operation.

To prevent prolapse, the iris is gently smoothed and straightened out with a silver spatula. The author removes the iris along the whole extent of the wound by pressing the scissors well down on to the globe, believing that a large coloma is a less evil than a small one combined with the introduction of a spatula.

Great importance is attributed to the thoroughness and completeness of the capsulotomy and the removal of all cortical masses from the anterior chamber after the lens has been extracted. Intraocular injections have been given up even by most of their former supporters as being "useless and dangerous." An antiseptic solution sufficiently powerful to be of use may injure the corneal endothelium and produce opacities in that membrane.

There is a great diversity of opinion as to the danger of discission for secondary cataract. Knapp and others consider it absolutely without danger if done with proper precautions, while a large number of operators only do it when compelled, because it is occasionally followed by iridi-cyclitis or panophthalmitis. Knapp has noticed an iridocyclitis occur where a little thread of vitreous came through the corneal wound as the discission needle was withdrawn. He recommends in such a case that the wound be touched with the galvanic cautery.

After well washing his hands with soap and brush the surgeon is advised to

plunge them into a bath of absolute alcohol, thence into sublimate solution, and operate without drying his hands. The instruments are to be sterilized by steam, then 'placed in a one per cent. solution of oxycyanide of mercury for forty minutes and then into sterilized water.

The field of operation is to be very strictly cleansed, the eyelids, lashes and brows to be well washed, the eyeball bathed with sublimate solution (r in 2,000), and the lacrymal sac syringed through with the same solution. If there be any disease of the lacrymal sac the operation is to be postponed.—Med. Chronicle.

THE TREATMENT OF ANGINA PECTORIS.

M. Huchard (Gazette des Hôpitaux) points out the necessity of distinguishing between true (coronary) angina and pseudo-angina, which, associated by the presence in both of neuralgia of the cardiac nerves, are separated by the occurrence, in the true form only, of ischæmia of the myocardium, as shown in the modes of death—syncope, which may be unaccompanied by pain, in the true form, and exhaustion from excess of pain in cardiodynia.

The treatment of angina pectoris is

considered under four heads:

I. Preventive Treatment.—Here the indications are as follows: (a) To combat tendency to high arterial tension; hygienic methods, with strict attention to diet, are to be enforced. (b, To direct treatment against aortitis and arterio-sclerosis, by the use of a milk diet and of iodides and nitroglycerine, persevered in for a long period. (c) On account of the tendency of aortitis to contract the orifices of the coronary arteries, and thus to hamper the nutrition of the cardiac muscle, to diminish the work of the heart, especially attention to the peripheral vessels. To this end treatment by iodides is all important, and from a consideration of the physiological effects of this class of drugs the author concludes that their beneficial action is due to their influence on the pulse, which gains in force and frequency, and on the capillaries, which become dilated, the blood at the same time being rendered more fluid; whereby the absorption of pathological exudations is favored, and arterial tension is reduced. The jodide of potassium is given in doses of 15 grains three times a day. Intolerance of the drug-due (a) to the presence of impurities, especially iodates; (b) to renal insufficiency may be combated, by administration during a meal, in soup or coffee, or by association with atropine, thebain or arsenic. As loss of appetite, epigastric pain, and diarrhœa may arise, it is well to give the drug for twenty or twentyfive days only in each month, prescribing in the intervals small doses of nitrogly-

II. Curative Treatment of the Attacks.—(1)—(a) Nitrite of amyl, which increases circulation in the myocardium and dilates the peripheral arteries, thus diminishing resistance. It is best administered as an inhalation from capsules. (b) Nitroglycerine, whose action is similar, but slower, is of chief value during the intervals between attacks, and should be given in 1-10 gr. doses, three or four times daily, for a period of seven or fourteen days. (c) Nitrite of sodium is not looked upon with favor on account of its tendency to change hæmoglobin into methæmoglobin.

(2) Morphia, besides its sedative and analgesic effect, produces increased cardiac action and passive dilatation of peripheral arteries, with consequent low-

ering of pulse tension.

Good results are often obtained from combining the use of the nitrites and morphia; again, if the nitrites fail, or are not at hand, one-third gr. of morphia hypodermically is of great value.

III. Treatment of Complications:—Cardio-sclerosis and renal insufficiency (due to cirrhotic kidneys) appear during the periods of freedom from anginal attacks. Syncope and cardiac dilatation or paresis are due to the influence of the attacks. In cardio-sclerosis and paresis, heart tonics, especially digitalis, are indicated. For renal insufficiency, favor depuration of blood, and suppress all forms of food which lead to formation of ptomaines.

In syncope it is advised that caffein, ether or nitroglycerine should be injected subcutaneously. In the so called "anginal state," the patient must be kept absolutely at rest, sitting up in bed.

IV. Useless or Dangerous Methods.— The chief of these are—electricity and cocain, which tend to produce syncope; bleeding, irrational as well as dangerous; bromides, hypnotics, inhalations of oxygen, belladonna and aconite.

To summarise: It is necessary to combat pain, to direct treatment against arterio-sclerosis, the development of which leads to degeneration of the cardiac tissue; against lesions of the coronary arteries; above all, against cardiac ischæmia, the "chief and only danger" in this malady. To this end the iodide treatment should be begun early, as soon as signs of arterio-sclerosis appear, even in the absence of any anginal symptom, and should be persevered in throughout a long period of time.—

Medical Chronicle.

INTRA-UTERINE INJECTION OF GLYCERINE,

The injection of glycerine into the rectum has for some years been current in practice, and it is recognized in certain conditions to be a very convenient and efficient method of administering an enema. It strikes me as strange that a substance so efficient in emptying the rectum should until now have been put to comparatively few trials in emptying the uterus of its contents, for a priori it seems a likely agent for this purpose. M. Pelzer records some observations made in the latter direction, and speaks favorably of intra-uterine injections of glycerine for the inducing of necessary premature labor as well as in cases of insufficient uterine contraction. His method of procedure is as follows: He takes a syringe of the capacity of one hundred and fifty grammes, or a little over four ounces, and, having filled it with pure glycerine, he attaches it, through the medium of a gutta-percha tube, to a perforated sound. Having cleared the apparatus of air in the usual way, he introduces it into the uterine cavity between the posterior wall and the membranes to the fundus of the organ. The glycerine is then injected and the pelvis elevated to prevent its too rapid escape. In a very brief space of time energetic contractions are set up. The effect of the glycerine is due in part to its mechanical action in separating the membranes from the uterine wall, and in part to its chemical affinity for water, by virtue of which some of the amniotic liquid is abstracted, which in turn contributes to a further detaching of the membranes. On the whole M. Pelzer was pleased with his results, and suggests glycerine as worthy a further trial in obstetric practice.—Lancet,

A TRUE PHYSICIAN.

The advice is to the prophylaxis of venereal disease that individuals calling themselves physicians have dared to give, and that journals assuming to represent the therapeutic status of the day have dared to publish, has on previous occasions been discussed in these columns. It is with a deep feeling of gratitude to the manly author that we now quote advice upon the same subject—but far different in spirit—from the reprint just issued of Gower's Lettsomian Lectures of 1890, "On Syphilis and the Nervous System."

"One means alone remains, old as the malady itself, by which it can be prevented. One method, and one alone is possible, is sure, and that one is open to all. It is the certain prevention secured by unbroken chastity. . . . Do we do all we can-and our profession gives power that no other has-do we do all we can to promote that perfect chastity which alone can save from this and from that which is worse? The opinions that on pseudo-physiological grounds suggest or permit unchastity are absolutely false, . . . They rest only on sensory illusions, one of the many illustrations of a maxim I have often to impress on various sufferers, 'There are no liars like our own sensations.' Rather, I should say, they rest on misinterpretations of these, always biased and often deliberate. With all the force that any knowledge I possess and any authority I have can give, I assert that no man ever yet was in the slightest degree or way the worse for continence or the better for incontinence. From the latter all are worse morally, a clear majority are worse physically, and to no small number the result is and ever will be utter physical shipwreck. . . . Let us then, with our power for good or evil, beware lest we ever give even a silent sanction to that against which, I am sure, on even the lowest grounds that we can take, we should resolutely set our face and raise our voice."

These are the words of the true physician, and again let us express our thankfulness that even in this age of demoralizing competition for wealth, popularity, and the influence that may be gained by "saying of evil 'it is good,' and of good 'it is evil,'" one teacher at least has the wisdom to see the truth and the courage to speak it.—Med. News.

TREATMENT OF RECURRING DIS-LOCATION OF THE SHOULDER-JOINT.

Ricard (Sem. Med., November 2nd. 1892) says the present methods of treatment for recurrent dislocation of the shoulder-joint are defective. Both resection of a part of the capsule and resection of the head of the bone give fairly good results, but they do not allow complete recovery of the movements of the joint. In order to obviate this defect he has devised the following operation: The deltoid muscle is separated from its clavicular and acromical attachments by incision and turned backwards as a thick flap, and an assistant retracts the coracobrachialis muscle; by this means the attachment of the subscapularis to the humerus and the front of the capsule of the joint is laid bare. The upper and lower borders of the muscle are then forced from their attachments to the capsule. The arm being rotated inwards, the operator now passes three strong silk sutures through the thickness of the capsule in front of the joint above and below; they are passed through the substance of the subscapularis muscle. The sutures are passed in a vertical direction and are placed about 2 centimetres from one another. The two ends of the sutures are now tied, and by this means the anterior wall of the capsule is made thick and rigid. The cut surfaces of the deltoid are approximated with sutures and then the superficial parts sewn The nerve to the deltoid is not involved in the operation, hence no paralysis follows. Ricard has performed this operation twice, in each case with a good result.—British Med. Jour.

COMPLICATIONS AND ACCIDENTS IN PELVIC SURGERY.

I shall discuss those complications and accidents which are common to all forms of abdominal and pelvic surgery.

Incision through the Belly Wall.—The accidents met with during this step of an operation, are hemorrhage, peeling off or the parietal peritoneum, wounding the bladder, the intestines, or an under-

lying growth.

(a) Hemorrhage. Practically speaking, bleeding rarely occurs of sufficient amount to require the use of hæmostatic forceps. Under ordinary circumstances, therefore, the operator shall not delay the operation by applying them, as all bleeding will have ceased by the time the abdominal cavity is opened. If, however, the hæmorrhage be free, the bleeding points should be caught with forceps. After the peritoneal cavity has been opened, all the forceps attached to the abdominal incision should be removed. Allowing them to remain simply impedes the freedom of manipulation within the pelvic cavity, without being of the slightest use, as the crushing of the tissues completely stops the bleeding.

(b) Peeling Off the Parietal Peritoneum. This accident may occur in the eariier work of an operator in a patient who has become emaciated by disease. The union between the peritoneum and abdominal wall, under these circumstances, is very loose, and after cutting through the sub peritoneal fat, it may be readily stripped off under the impression that adhesions are being dealt with. Again, in those cases where the peritoneum has become glued by inflammation to an abdominal growth, the same mis take may be made. Should the accident occur, nothing need be done if the peeling has been slight, beyond taking care to include the peritoneum when suturing the abdominal incision. If, on the other hand, the separation of the peritoneum has been extensive, the flap should be cut away, as it may become

gangrenous.

(e) Injury to the Bladder. This accident has occurred, but with proper precautions there is no danger of such a complication. Prior to section the operator should know that the urine has

been voided. If any doubt exists upon this point, a catheter should be introduced into the bladder. The bladder in the adult, when empty or not displaced by a sub-peritoneal growth, is entirely a pelvic organ, while in the child, prior to puberty, it is partly within the abdominal cavity. Therefore, in the latter the incision in the belly wall should not go as low as in the former. It is always safe to allow a full inch between the lower end of the incision and the pubes. In large subperitoneal growths the bladder may be pushed up as high as the umbilicus, or even higher, and unless great care be taken an injury is certain to result. In all cases, when in doubt, introduce a sound into the bladder, which will at at once determine the question.

(d) Wounding the Intestines or an Abdominal Growth. There is always danger of this accident occurring, unless great caution be exercised, in those cases where the parietal peritoneum has become adherent to any of the abdominal contents. In making the incision through the belly wall, much may be learned as to the probable presence or absence of peritoneal adhesions. An infected appearance of the connective tissue and sub-peritoneal fat indicates parietal adhesions or a thickened peritoneum. Again, free bleeding from the abdominal incision also points toward the same condition. In cases where the abdominal wall is greatly distended, the peritoneum is thinner than normal and closely applied to the growth beneath, and unless the surgeon is careful the intra-abdominal contents may be injured. Adherent gut along the line of incision is always to be expected in secondary sections. For this reason the opening through the abdominal wall should be an inch to one side or the other of the position of the original incision. When-ever, under any circumstances, doubt exists as to the question of peritoneal adhesions, the utmost care should be exercised in opening the abdominal cavity. If the surface of the peritoneum through which the opening is to he made be rolled between the thumb and index finger, the existence of an adherent gut may be readily detected.

Vomiting and Contraction of the Abdominal Walls.—Either of these accidents occurring during an operation results in a serious loss of time; and by forcing the intestines outside of the abdomen, also increases the subsequent dangers to the patient. The cause of both of these complications is an improper administration of the anæsthetic. We should, therefore, eliminate this source of danger by operating as rapidly as possible and by intrusting the anæsthetic only to spec-

ially trained men. Escape of the Intestines through the Abdominal Incision.—The protrusion of the intestines or mesentery through the abdominal openings, may occur during an operation from vomiting, contraction of the abdominal muscles, or from the irrigation. To avoid this complication during the flushing of the abdominal cavity, the index and middle fingers of the left hand are passed into the incision, and the nozzle of irrigator inserted between them. By this method there will be a free return flow of water, while the intestines are kept well in position. If during an operation the intestines escape from the abdomen, they should be returned at once, as recovery may be complicated by leaving them exposed. It is often impossible to return them en masse, as they escape again as fast as they are replaced. No difficulty will, however, be experienced if that part of the gut, nearest the opening be found, and beginning at that point, is pushed back with one hand, while with the fingers of the other the succeeding segment is returned. By thus replacing segment after segment, the restoration may be accomplished with rapidity.

Adhesion.—In all forms of abdominal and pelvic surgery, adhesions are dreaded by the surgeon. Practically speaking, the presence or absence of abdominal fixations of the abdominal contents determines the ease and safety with which a given operation can be accomplished.

For purposes of description we shall divide adhesions into those which are recent and those which are old. The former are soft and fine and are found most frequently in cases of peritonitis, either general or local. Again, they occur between the surface of a large tumor and the parietal peritoneum or the liver. In early operations for ectopic gestation or pyosalpinx, the adhesions are found to be soft and easily broken up. In short, we expect to find them in all early operations within the abdominal cavity which have been preceded by inflamma-

The management of recent adhesions is a very simple matter. Occurring between a tumor and the abdominal wall, they can be readily broken up with the fingers; recent adhesions to the liver may also be managed in a similar manner. In the removal of the sac of an ovarian cyst or in the delivery of a large solid growth, in fact in all cases where the adhesions are visible, they may be detached by simply rubbing them off with a sponge. In dealing with small pelvic growths the adhesions are, of course, invisible; and we must be guided entirely by the sense of touch in seprating them.

Old adhesions are firm and more or less fibrous in nature, and require great care in their separation. They are found in old and neglected pelvic disease, and are the cause of some of the most difficult work in pelvic surgery. Again, we meet with them in large cystic tumors of the ovary which have been tapped, in fibroid tumors of the uterus which have been treated by the electric current, and also in solid pelvic tumors which have attained a large size. In a large sarcoma of the ovary which I removed, twenty or more ligatures were used in dealing with adhesions. In managing old organized adhesions, they must be either torn apart with the fingers or cut with the scissors or knife, and, if necessary, ligated to prevent hæmorrhage. the omentum be fastened by adhesions and not readily detachable, a ligature should be applied; and cutting it away, the adherent portion should be left upon the tumor. This is by far the safest plan in many cases, as the omentum is exceedingly vascular, and a serious hæmorrhage might result in the breaking up of the adhesion unless the ligature were used. Adhesions existing between a morbid growth and the intestines or bladder are sometimes so firm and broad that their removal is next to impossible, and it is necessary to leave a portion of the tumor adherent to them, as their separation would result in serious injury. In most instances, however, these adhesions may be separated by tearing with the fingers or by ligating or cutting. practical point of great value to remember in breaking up firm adhesions is to keep as close as possible to the tumor. There is much less danger of wounding the hollow viscera by this plan.

Hæmorrhage.—No accident can occur in the pelvic or abdominal cavities which so sorely tries the skill, the coolness, and the character of the surgeon as that of hæmorrhage. There is here no time for deliberation. Action must be prompt or the patient will be in imminent danger of death.

Bleeding in the pelvis may occur from adhesions, from rupturing a vessel during the enucleation of a tumor, from tearing the broad ligament, and also

from a pelvic mass itself.

Hæmorrhage, resulting from adhesions, is usually of but little moment, as it is generally slight and is readily controlled by the irrigation. If the adhesions have been extensive, a glass drainage tube should be used, not only to carry off the serous and other accumulations, but also to check the oozing. Free bleeding from adhesions may often be successfully controlled with pressure, by means of gauze or a sponge, which is removed after the operation has been completed. In cases where the ozzing keeps up, however, a good plan is to catch the tissues from which the hemorrhage occurs with a long pair of forceps, leaving it in position and hanging outside of the abdomen, as, when the gauze is used the exudations rapidly become organized within its meshes, thus rendering its removal impossible until loosened by suppuration.

A hæmorrhage occurring from a pelvic mass or tumor, during its enuclation and delivery, need cause no concern, as the bleeding will cease as soon as the pedi-

cle is ligated.

In digging out an adherent mass situated low down in the pelvis, one of the iliac arteries has been torn. This accilent must be met by the immediate ligaion of the torn vessel. To control pleeding occurring low down in the pelvis, the abdominal incision must be enlarged and the intestines pushed up out of the way: at the same time the cavity must be quickly sponged out so that the point from which the blood comes can be seen and caught up with forceps and ligated. Under these circumstances Trendelenberg's position will be of great service. It may be necessary in some instances to turn the intestines completely outside of the abdominal cavity in order to locate the hæmorrhage. this be done the intestines must be

placed in hot aseptic towels and kept at the proper temperature, by frequently pouring warm water upon them. If this precaution be neglected, the patient is in great danger of dying from shock.

One of the most frequent causes of hæmorrhage in pelvic work, is from a rupture of the vascular arch formed by the anastomosis of the ovarian and uterine arteries. In fact, we should at once examine the broad ligaments in all cases where hæmorrhage occurs, before look-The vessels are torn ing elsewhere. either in breaking up adhesions or in making too great tension upon the pedicle of the appendages when applying the ligature, or, finally, by the ligature cutting into the broad ligament. stump of the pedicle must be at once brought up into view and the upper border of the ligament examined. If the hæmorrhage is found at this point, the tissues must be caught with forceps and a ligature applied below it. Where it is impossible to bring the broad ligament into view, on account of its being bound down by adhesions, we must enlarge the abdominal incision and manage the case in the same manner as that already described in dealing with hæmorrhage occuring low down in the pelvis.

Hæmmorrhage may occur from the stump of a pedicle if the ligature has been insecurely applied. This accident, however, will rarely occur if proper care be taken with the technique. After tying the pedicle, the free ends of the ligature should be cut off at once close to the knot. The pedicle should then be cut partly through, but before completing the separation the stump must be caught with hæmostatic forceps. This enables the operator to examine the stump after the pedicle has been cut through, without in any way interfering with the ligature. A hæmorrhage occurring from a stump is, of course, controlled by a second ligature. It is important to remember that a hæmorrhage from any portion of the broad ligament may always be controlled by passing a ligature through it at both its uterine

Injuries of the Intestines.—These accicients are liable to occur even in the hands of the most skillful operator. It is of first importance, therefore, that the surgeon should be prepared for any form of intestinal surgery that he may be

and pelvic ends.

called upon to deal with. Good judgment is also necessary in dealing with these injuries as well as a knowledge of operative technique. All injuries of the intestines should be repaired at once, in order to prevent fecal extravasations occurring. Slight wounds require only a few Lembert sutures to close them. If the injury has been caused by a knife, the edges of the wound are clean-cut and even; if, however, they are due to tearing, the margins are uneven and ragged. In either case they should be closed by the Lembert suture or one of its modifications. There is no necessity for trimming away the edges of an uneven tear, as they are inverted into the lumen of the gut and do no harm. all extensive injuries the question of resection followed by anastomosis at once arises, and the judgment of the operator must decide the point. Tears involving the mesentery are always serious, as they frequently require resection on account of the danger of gangrene occurring in the gut, due to the wound interfering with its nutrition. This fact should be always borne in mind, as death is certain to follow such an injury if gangrene occurs. Occasionally in breaking up broad adhesions from an intestine, its tissues have been stripped away down to the sub-mucosa. Provided there be no leaking of the contents of the bowel, these cases require no suturing and may be lest safely to na-

Wounds of the Bladder.—An injury to this organ may occur while making the incision through the abdominal wall, or in the breaking up of adhesions. Its rupture, and the escape of urine into the peritoneal cavity, are not so serious a complication as might at first be supposed. Under these circumstances the wound should be sutured at once, the abdominal cavity thoroughly irrigated, and a catheter introduced through the urethra, left in the bladder for twenty-four hours.

Wounding the Ureters.—The ureters have been torn in the separation of adhesions, and they have also been included with the pedicle in a hysterectomy. Should an injury occur to a ureter either switch it off into a new position in the bladder, or bring it out through the abdominal incision and stitch it, subsequently performing a nephrectomy

or at once removing the kidney. The possibilities of success following the plan of uniting the cut ends are so slight that the method cannot be advised.

Wounding the Gall-Bladder,—The simplest and safest plan of treating injuries of this organ is to suture the tear. The objections which contra-indicate the intraperitoneal treatment of the gall-bladder following cholecystotomy do not hold under these circumstances, as there are no calculi to consider subsequently. In rare instances, however, it might be advisable to suture the gall-bladder to the abdominal incision, or even to perform a cholecystectotomy.

Instruments or Sponges Left in the Abdominal Cavity.—If this accident occurs it must be set down to carelessness on the part of the operator, and of course an instrument or a sponge left in the abdominal cavity must be removed at once.—Med. Age.—International Jour. of Surgery.

PUERPERAL ECLAMPSIA.

Goldberg (Arch. f. Gyn. B. 42, H. 1) discusses the subject of eclampsia with 81 cases as a text. Of the 81 cases, 20, (24.7 p. c.) terminated fatally, three of the fatal cases dying from other causes, however, than eclampsia. Of the 17 eclamptic deaths the cause was found to be either acute or chronic lesions of the kidneys in 16. Of 8 cases reported by Lantos, post-mortem section showed chronic degeneration of the kidneys in 7, and acute in 1. Schauta, in 28 cases, found anæmia in 9, nephritis in 16, and normal kidneys in 3. Winckel observed inflammatory lesions in one-third of his cases, entirely normal kidneys in onethird.

Examination of the brain in the author's cases revealed notable lesion in 17, as follows: ædema 9, anæmia 4, hyperæmia 2. His observations differ somewhat from those of other authorities, most of whom have found the cerebral more common than renal lesions. Lantos, for example, in all of 8 cases, found anæmia and ædema associated in several instances with still more serious lesions. Schauta found anæmia and ædema in 25 out of 28 cases; Winckel in 5 of 6. Of the 20 deaths reported by the author 15 occurred in primaparæ, 5 in multiparæ. The liability to eclampsia as appears in

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Goldberg's experience is six times greater in first than in subsequent pregnancies. The severity of the attack and the mortality in multiparæ, however, is double that in women pregnant for the first time. These results are substantially in accord with the observations of other writers.

In the author's experience the value of early delivery was demonstrated. In 20 cases delivered artificially, the convulsions ceased immediately on evacuation of the uterus. The death of the child in utero, on the contrary, exerted no beneficial effect on the convulsive seizures. Accouchment forcé Goldberg thinks is justifiable in vrey desperate cases.

For prophylaxis the author relies on general tonic and hygienic measures, together with due attention to the emunctories and the use of the alkaline bromides. His remedial treatment consists mainly in the use of chloroform, chloral, morphine and hot baths. The value of this treatment, he observes, is emphasized by the fact that the vast majority of his deaths occurred in patients who were brought into the hospital after the convulsive seizures had begun, the mortality being very small in those that were under observation from the first.

Hegar's Sign of Pregnancy.

Ernst Sontag (Am. Obstet. Jour., Aug., 1892). The first publications with reference to compressibility of the lower uterine segment as a sign of pregnancy were those of Reinl and Compes, in the years 1884 and 1885. Yet the importance of this sign has not received full

recognition. The essential point in Hegar's sign is not mere softening of the lower segment of the uterus so much as the fact that the softening is particularly great. Its location is that portion of the uterus immediately above the level of the os internum, and this characteristic of the gravid uterus must not be confounded with the softening which takes place in the body of the cervix. The latter changes are entirely distinct from Hegar's sign. The peculiar compressibility of the uterus at the isthmus is due, in part, to the fact that the uterine contents—the entire ovum can be displaced from the lower into the upper portion. The diagnostic value of the sign is such that, when well made out, amounts practically to a demonstration of pregnancy. If, however, the compressibility of the lower segment is only moderately marked, other causes must be excluded before it can be accepted as diagnostic of pregnancy. Compressibility to the thickness of a half centimeter or less may be safely taken as unmistakable evidence of pregnancy. When developed to this degree no pathological condition simulates it.

Symphysiotomy,

Charpentier (Nouv. Arch. d'Obstet. et de Gyn., June, 1892) heartily endorses this operation for delivery when the pelvis is contracted to a conjugate between 2½ and 3 3·10 inches. In these cases, thanks to antisepsis, it promises to supplant craniotomy on the living fœtus, and may to some extent become an alternate of Cæsarean section.—

Brooklyn Medical Journal.

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Dr. Wm. T. Cathell (Mary and Med. Monthly) says that in the persons who have been vaccinated with bovine virus the alarming and long continued sore arm may be prevented, and the characteristic scar with its minute pits secured by instructing those in charge of the pa-

tient to try daily to raise the scab, after about the 21st day, and to remove it as soon thereafter as it is found to be detachable; next to mop the sore until dry, and then allow the air to glaze its exposed surface before replacing the clothes. If the scab is adherent in the

center by a core the edges should be elevated with the finger nail and trimmed off with scissors as near as possible to the core, and then the sore dusted with iodoform, aristol or europhen.

LARGE DOSES OF NITRO-GLYCERINE .--Dr. Himmelsbach, reports to the Medical News a man who came under his care on account of frequent severe attacks of angina pectoris. For seven years the patient had been in the habit of averting or lessening the attacks by doses of six to ten tablets of trinitrin 1-100 grain each. When he saw the patient he was having attacks every fifteen or twenty minutes, when a systolic murmur was distinctly audible four feet from the patient, becoming fainter as the attack passed off. He substituted tablets of 1-50 grain of which from 80 to 110 were taken daily. In eight days exactly 1000, or twenty grains, were taken. The patient was more relieved by a resort to nitrous oxide and oxygen during the intervals and on the approach of an attack, but died in a week or so. No autopsy.

SWALLOWED A RAZOR.—Caret (London Lancet) reports the case of a woman, aged sixty-eight years, who had swallowed a razor for the purpose of destroving her life. There was some doubt in the minds of the hospital surgeons, as to the truthfulness of her assertion, and she was kept under observation, while various schemes for determining the presence of the razor were carried out. It could not be detected by palpation. An hour after the ingestion of twenty drops of dilute hydrochloric acid the stomach was washed out and the washings collected and evaporated. presence of iron in large, quantities was detected by the Prussian blue test. It was determined to wait longer, and on the sixth day after admission the end of the razor was felt through the abdominal walls. The patient was operated upon the next day, and died the fifth day after the operation.

THE BICYCLE FROM A MEDICAL STAND. Point.—An animated discussion of the benefits and dangers attending bicycle riding, especially by women, between correspondents of the Medical Age has led the editor to investigate the subject. He has consulted articles by several medical authorities and briefly states some of the conditions which will be benefitted by a proper use of the wheel. He thinks the wheel, being a form of exercise which bring into play the whole muscular system, may play an important part in preventive medicine. Especially is it applicable in that large class of diseases of middle life characterized by interstitial changes in various organs-lungs, liver or kidneys-by supplying oxygen and causing a free elimination of waste products. In chest troubles especially it is beneficial as it carries the rider into the fresh, pure air of suburban districts. Varicose veins have in several instances been known to disappear after a course of riding. Too rapid accumulations of fat can be controlled by taking long rides and abstaining from liquids, while by avoiding heavy work and freely satisfying the thirst created by riding, an increase in weight may be produced. The advantages of bicycle riding apply to both sexes. With loose-fitting garments and a proper mount, refraining from riding the menstrual period, moderate use of the wheel will do much to maintain good health in women. Egbert says "as an exercise cycling is superior to most, if not all other, at our command. It takes one into the out-door air; is entirely under control; can be made as gentle or as vigorous as one desires; is active and not passive; takes the rider out of himself and the thoughts and cares of his daily work; develops his will, his attention, courage and independence, and 86 Abstracts.

makes pleasant what is otherwise often most irksome; moreover the exercise is well and equally distributed over the whole body, and, as Parke says, when all the muscles are exercised no muscle is likely to be over-exercised."

THE TREATMENT OF PUERPERAL IN-FECTION.—Says Dr. Foster Scott (N. Y. Med. Jour.) there is scarcely any contingency in the practitioner's round of work of such vast importance as the intelligent perception of puerperal infection and its prompt and rational treat ment. He divides puerperal infection into two classes-those which are lethal and those which are responsible for a countless throng of invalids who suffer with pyosalpinx, pelvic abscesses, exudates, adhesions, misplacements of the pelvic organs, etc. The intra-uterine douche, as ordinarily given is inadequate. It is generally considered sufficient to allow a gentle stream of corrosive sublimate solution (1 to 5000) to flow into the uterine cavity, but this positively will not separate any adherent shreds, and its germicidal action cannot by any chance penetrate into the thick fleshy masses of debris which will remain. He adopts the following plan of treatment: After the vagina is thoroughly washed with an antiseptic solution-e. g., lysol, I to 100-he performs what he terms soft curetting by swabbing out the cavity of the uterus with a mop of cotton saturated with peroxide of hydrogen. The applicator armed with the cotton is passed up to the fundus and allowed to remain a short while, when it is removed and the process repeated. The peroxide of hydrogen intelligently attacks every shred of necrotic tissue, leaving no islands untouched, while it is absolutely nontoxic to vital tissues. After several applications of the peroxide the uterus is douched out with a solution of corrosive sublimate solution (1 to 5000, through a large glass tube.

This washes away all froth or loosened debris and renders the genital tract as clean as it is expedient to attempt. He now abhors the curette in any puerpe ral cases; it is too violent even when used with the greatest care; it is impossible by its use to remove every particle of debris, and it cannot be skilfully used by many general practitioners. Next in importance to the above treatment is keeping the lower bower empty of fæces, so as to have an active vascular and lymphatic pelvic circulation, anti-pyretic he advocates the sponge bath with alcohol; quinine partly as a febrifuge, but especially for its tonic effect; ergot to ensure expulsion of clots and rapid involution; ice bags over the uterus, if there be great tenderness and inflammation; iodine externally, if exudates are forming; a generous diet with alcoholic stimulants; and a puerperium prolonged until all danger is passed.

CHAMPETIER DE RIBE'S BAG:-At the 20th annual meeting of the British Medical Association (Brit. Med. Jour.) Dr. Ernest Herman and Dr. Herbert Spencer read papers reciting their experience with Champetier de Ribe's bag for the induction of premature labor. This is a bag with a tube attached to it. It is put into the uterus empty, folded up and grasped by a pair of forceps sold with it. After being introduced the bag is partly filled with water, when the forceps are disarticulated and removed one blade at a time. The shape of the bag is that of an inverted cone, the apex of the cone lying in the internal os. The tube is continuous with the apex, and a few inches from the bag is furnished with a stopcock. It is made of non-elastic waterproof silk, so that it will receive a definite amount of water and no more. It contains about 17 ounces and when full measures 3½ inches across the base. The os must be fully dilated for it to pass out-The advantages of this bag over Barnes's

are the following: 1. With Barnes's bags successive sizes have to be put in one after the other, and the introduction of each needs a visit from the doctor, and manipulations troublesome to him, and disagreeable to the patient. One operation only is required with the Champetier de Ribe's bag; when this is in its place it dilates the cervix to the full extent without any need for further interference, and the doctor may leave the patient, trusting the nurse to send when the pains become strong. 2. Barnes's bags are made of India-rubber, which stretches when fluid is pumped in. Hence the operator has no clear indication when the bag is full; and hence, also, if the cervix is rigid, the part in the cervix remains unexpanded, while the part above, and especially the part below, bulge out instead. Champetier de Ribe's bags are made of inelastic material; when it is full no more fluid can be pumped in, and it does not alter its shape, 3. Barnes bags are put in with a rod or sound in a little pocket at the side of the bag. The little pocket is very apt to give away. 4. It is not possible with Barnes's bags to get complete dilation of the os. Champetier de Ribe's dilates it fully. 5. In the introduction of Barnes's bag the membranes are sometimes ruptured, and the presence of the bag in the lower segment of the uterus sometimes displaces the presenting head, making a natural into a transverse presentation. With Barnes's bag these are serious drawbacks, for if these accidents have happened, there is much risk to the life of the child in turning and extraction. They may happen also with the Champetier de Ribe's bag, but when it is used they are not important, for the bag completely fills the tervix uteri and retains the greater part of the liquor amnii, and when the work of the bag is complete, the child can be at once turned and extracted without difficulty. 6. Barnes's bags partly dilates the cer-

vix, but if pain's are not provoked when the bag is removed, the cervix may recontract. With Barnes's bag there is no way of accelerating labor if pains are weak. If Champetier de Ribes's bag is used, and the first stage is protracted by weakness and infrequency of pains to an undesirable extent, we can accelerate dilatation by traction on the bag.

This bag when folded up is about the size of the finger, so that some degree of dilatation is necessary before it can be introduced. The forceps used for introducing the bag are long scissor-handle forceps, having the blades fenestrated and curved to suit the curve of the pelvis. In 40 cases recorded by Pinard, in which the Champetier de Ribes bag was employed, in 23 dilatation was complete in from 6 to 10 hours: in seven from 12 to 24 hours, and in 10 from 24 to 48 hours. When completely filled the bag can be compressed to a diameter of 3 inches; with two ounces removed it can be compressed to 25 inches; letting off 4 ounces renders the bag shapeless.

EARLY SURGICAL TREATMENT OF AP-PENDICITIS.-Dr. A. H. Cordier, in a paper read before the Kansas City Medical Society (Med, and Surg. Rep.) makes a plea for early surgical interference in appendicitis. Some surgeons are generally too desirous of tabulating a vast number of surgical cases, and hence are ready to operate even on the patient's diagnosis. On the other hand, it is the fault of physicians to hold a too conservative view of subjects classified as surgical. The appendix and the cecum are covered by peritoneum, and it is impossible to do an operation for appendicitis extra-peritoneally. It is the experience of surgeons that the disease originates in the cecum only once in one hundred and fifty cases, and in the other cases it arises in the appendix, and is due to the lodgement of some foreign

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body in that process. Inflammation is set up, an ulcer forms and penetrates to the serous coat and a local peritonitis ensues. The patient has a temperature of 95° to 105°, according to amount of peritonitis, amount of septic absorption, or intensity of shock following a perforation. Nature attempts to wall off the enemy by barriers of lymph, and the tumor thus formed can be felt on palpation with sharp pain in most cases at McBurney's point. The patient will go from bad to worse in this stage, or his fever may subside, his pain in part disappear (tenderness on deep pressure will remain), appetite return, bowels become regular, and he may be, so far as his general appearance goes, in good health. Nature has built a barrier which holds the disease in check for a time, but these walls enclose the original source of the trouble. He is in danger of a relapse at any time; and each time the disease is started up fresh complications are added, the danger is increased and the likelihood of your surgery being successful diminished. Medical treatment is summed up in a few words. Of much import is the minimum of time in following out the medical course. lines should be given in good full dose. All opium should be avoided as tending to mask the symptoms and build up false ideas of improvement in the minds of the patient, his friends and the doctor. Blistering does no good and leaves an infected surface to cut through. Any case presenting symptoms calling for a blister is serious enough for an operation. Large warm water enemata containing a drachm of turpentine will empty the colon of feces and gas. As regards the operation, no major operation in surgery has a lower death rate than the early operation for appendicitis, and none has a higher mortality than this if postponed beyond the safe period for operation. The temperature height and the severity of pain cannot be used as guides to indicate operation. The temperature is often even subnormal in the acute perforative cases, and pain is often hidden under large doses of opium.

The author presents the following deductions:

- This a disease of frequent occurrence and one attended with much danger.
- 2. The disease primarily located in the appendix may exist for months or years in a semi-latent state before well-marked or alarming symptoms develop.
- 3. That inflammatory diseases located about the head of the colon, in the great majority of cases, owe their origin to a diseased, ulcerated or perforated appendix.
- 4. The percentage of deaths from this disease will continue to diminish in proportion to the correct understanding of the pathology and the recognition of the necessity of early surgical relief being resorted to.
- 5. All recurring and all well marked cases of appendicititis should be operated on at once. This applies with special force to patients who have had a number of attacks and are contemplating a journey to localities where skilled surgical aid cannot be quickly obtained.

Correspondence.

ANTISEPTIC TREATMENT OF TYPHOID FEVER.

Messrs, Editors: - In the June number of the North Carolina Medical Jour-NAL, 1891, is an article on the Antiseptic Treatment of Typhoid Fever, by Prof. Yeo, of Kings College. I adopted this treatment last summer, using it in all my cases with most gratifying results, and as some of the readers of the JOURNAL at this time may not be in possession of the formula, I will give it for their benefit: "Into a 12 oz. bottle put 30 grs. of powdered chlorate of potash and pour on it 40 minims of strong hydrochloric acid. Chlorine gas is at once rapidly liberated. Fit a cork into the bottle and keep closed till it is filled with the greenish gas. Then pour water into the bottle little by little, closing the bottle and shaking at each addition, till the bottle is filled. To the 12 oz. solution add 1 oz. syrup orangepeel and whatever amount of quinine that is deemed best to be used." Prof. Yeo gives (to an adult) 1 oz, of this every two, three or four hours. The dose I used was one tablespoonful every three or four hours. I used quinine in the mixture, varying according to the indications in each case, but did not use more than 2 grs, to each dose, unless I thought there was some malarial element in the case.

The result of my experience with the remedy is that all the symptoms seemed to run a mild course.

The tongue in all my cases (8 in all) presented a remarkably good appearance throughout, was not dry or coated. Another fact that impressed me was that the mind remained clear throughout the entire course of the disease. One of my cases had had fever eight or ten

days when I first saw him, and was delirious before treatment was instituted. In another case there was some mental confusion. In the other cases the mind was remarkably clear, and in all the cases the fever, after beginning treatment, did not run high. I did not use anything else in any of the cases, except one, where there was catarrh of the stomach, with a good deal of pain. I would be pleased to hear from other members of the profession who have used this formula.

A. P. DICKSON, M.D. Vollers, N. C.

GALEGA VERA IN FUNCTIONAL DISORDER OF THE KIDNEY.

Messrs. Editors:—I desire to call the attention of physicians to a form of back-ache which is very common, is readily cured, yet is not usually treated successfully because of erroneous diagnosis. The wearing pain is really located in the kidneys, sometimes both usually only one, the left being most frequently affected. It occurs in both sexes, but is observed about twice as often in women as in men.

The sufferer sometimes knows just where the pain is, but is very often completely deceived about the real location of the suffering, thinking the trouble is in front. If on the left side, a diagnosis of some disorder of the spleen may be made; if on the right side, the liver is thought to be the offender; the pain is often said by sufferers to be located in the groin, and I have known women who uselessly suffered much treatment for ovarian disease who really had only kidney-ache.

The urine is often quite normal, but may contain an excess of urates or phosphates; as albumen is rarely observed, this disorder is functional, not organic

The diagnosis is easy—examine the kidneys by making firm, deep pressure between the last rib and the ilium, near the spine, upward and inward; if this disease be present, the patient will instantly admit you have found the real seat of her suffering, although she may have formerly thought it was situated in some part of the abdomen anteriorly.

The following treatment is always successful, I have never known it to fail in one case. I prescribe for aching kidneys and scabies with confidence: I give two or three drops of the tincture of the chloride of iron and eight or ten drops of the sweet spirits of nitre in a little water, half-hour before meals, and after meals a tablespoonful of the liquid Galega Vera, with a gentle laxative before retiring for the night; licorice powder comp. is good. Galega Vera is useful not only in this disease, but is a most effective reconstructive, yielding better results in cases of anemia and impaired nutrition than any preparation with which I am acquainted.

V. R. DORRETTA, P. O. Box 1627, New York.

Note.—The plant Galega Vera grows in Southern Europe; the leaves are the part used. The preparation here advocated can be procured through any wholesale druggist.

AMERICAN ELECTRO-THERA-PEUTIC ASSOCIATION.

Editors North Carolina Medical Journal:

DEAR SIRS:—The third annual meeting of the Am. Electro-Therapeutic Ass. will be held in Chicago on September 12th, 13th and 14th, 1893. A cordial invitation is extended to all members of the profession interested in electro-therapeutics. Arrangements for special rates on railways and at hotels are in progress.

The Committee of Arrangements will be obliged if those who intend being present at the meeting will send their names, the class and amount of accommodation required, titles of papers to be presented, applications for membership, etc., at as early a date as possible. Accommodation should be secured early on account of the crowded condition of the hotels because of the World's Fair. All communications should be addressed to the Secretary.

The Committee will be glad to furnish any information in regard to the meeting upon application.

The Comm. of Arrangements, S. C. Stanton, Sec'y. Franklin H. Martin, Ch'm.

Motes of Practice.

Equal parts of the tincture of aconite and tincture of belladonna with rest in bed will lessen the pain of and often abort a forming bubo.

In cases of purulent conjunctivitis small pieces of cloth should be kept in ice water and a fresh one applied to the eye as often as each four or five minutes, the cloth which is removed from the eye being discarded until rendered aseptic by boiling. This soon reduces the swelling and better enables the nurse to cleanse the eye with the antiseptic solution. Bichloride solution rooo is about the best to use. The eye should be cleansed once in each hour. This treatment will be a severe tax

upon those having the care of the patient, but the disease is rapidly destructive and consciencious, energetic treatment is necessary if the eye is to be saved.

SELECTED FORMULÆ.

For Hemorrhoids .- Wien. Med. Pr.

External hemorrhoids are first washed with an antiseptic lotion, and an application of the following ointment is made three or four times a day:

Internal hemorrhoids are treated with suppositories, each containing:

 R—Ext. belladona
 .gr. 1 6

 Iodoformi
 .gr. 1-3

 Chrysarobin
 .gr. j

 Ol. Theobromæ
 .3 ss

 Glycerine
 .q. s.

—Medical News.

For Croup.

Dr. N. S. Davis, (Med. Record) says all the indications for treatment in croup, in the mild or superficial form of the disease, can be filled by the administration of:

M. S.—Half teaspoonful every three or four hours.

Pruritus in Urticaria is relieved by Quinquand (Med. Recora) with the following solution:

In the treatment of menogrhagia in anomic patients, Dr. William T. Lusk has found the tampon to be effective where the usual remedies, both systematic and local, such as ergot, viburnum, hydrastis, cannabis indica, curetting and the application of iodine, had been em-

ployed in vain. In a late article in the American Journal of the Medical Sciences he describes the method of tamponing (himself following the procedure of the late Dr. Marion Sims) which he says is a matter of great importance and by which only can satisfactory results be obtained. He uses wads of cotton of suitable size which are soaked in carbolized water and compressed into the form of flattened disks. These are applied firmly to the vault of the vagina with the aid of a Sims speculum. It is important that their flattened surfaces should be in a transverse direction to the vagina, and the packing should stop at the urethro-vaginal septum. The tampon should be removed at the end of twenty-four hours, the vagina irrigated and a fresh tampon introduced. A third application is seldom called for.

While the strength of a saturated solution of boric acid is approximately 4 per cent., according to Merck's Bulletin a solution with a concentration as high as 20 per cent. can be obtained by the addition of calcined or carbonate of magnesia, in the proportion of 1½ gms. of the magnesia to every 10 gms. of the boric acid in excess of 4 per cent. A 20 per cent. solution can be made as follows:

Surgeon L. Herz (Pilsen) of the Austrian army, has obtained very good results from the use of a 2 or 3 per cent. solution of ichthyol as a gargle in all inflammations of the throat with the exception of the so-called follicular tonsillitis. Even in cases of very intense inflammation when the tonsils and soft palate are so swollen that the patient can hardly open his mouth, pain disappears and the swelling subsides in the course of 24 hours, according to surgeon Herz, under the application of ichthyol.

—Msdical Weekly.

Miscellaneous Items.

Under this head space will be given, free of cost, to those *paid-up* subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Dr. J. P. Chazal, of Charleston, S. C., died January 8th, 1893, aged 74 years.

Dr. J. G. Pinnix died at his home, near Stony Creek, Caswell county, on 15th January.

The *Medical Week* is a new medical newspaper published in Paris, France, and printed in English.

Dr. J. H. Hawkins Simpson died of heart disease at his home, Lenox Castle, near Reidsville, N. C., on the 4th of February.

A six-months-old child in Statesville, N. C., swallowed an open safety pin recently. The pin was passed per rectum without causing any inconvenience.

Old Aunt Jennie Cameron died in Person county recently at the accredited age of 112 years. She belonged to the Paul C. Cameron estate in slavery times.

A bill has been introduced in the North Carolina Legislature abolishing the tax on marriage licenses. That might be considered as protection of an *infant* industry.

Dr. Roberts Bartholow.—It is a great pleasure to announce that Dr. Bartholow has been completely restored to health, and has resumed his practice.

—Medical Record.

ACTIVE DRUGS.—A homoeopath who does not live a thousand miles from this city, was recounting his grievances against a fellow disciple of Hahnemann and stated that the latter had emptied

all his medicines from his case and filled the vials with alcohol. Being asked when he found it out, he said, to our great surprise (?) "Why, it was two or three months"! Oh, where is my electropoise?"

The New York Therapeutic Review is a new quarterly, magazine edited by Paul Gibier, A.M., M.D., Director of the New York Pasteur Institute, with the collaboration of a corps of eminent physicians of New York and foreign cities.

Dr. J. Howell Way, of Waynesville, N. C., reminds the readers of the *Medical Record* that while Dr. W. T. Bull, by his brilliant and successful operations, established as a recognized surgical procedure the operation for the repair of the abdominal viscera in cases of gurshot wounds, to Dr. R. A. Kinloch, Surseon of C. S. A., belongs the credit of having first done the operation successfully. Dr. Kinloch, in 1863, opened the belly of a wounded soldier to repair internal injuries, the patient recovering.

The Musical Times suggests the pinaforte as a focus of infection. Few pianos are regularly cleaned out. Dust accumulates in them, and they become the receptacle of all kinds of dangerous germs. Hamburg is well known as a center for cheap pianos, where thousands are in course of construction, the majority of which are destined for the English market.

The Section on Laryngology and Rhinology of the Pan-American Medical

Congress is now thoroughly organized with secretaries in all the counties of South America as well as in the United States and Canada. The President, Dr. E. Fletcher Ingals, of Chicago, is making a thorough canvass to secure a large number of good papers for the Section, and aided, as he will be, by the able secretaries, Drs. Murray and y Alonso, and the corps of honorary Presidents, he feels assured of the success of this department of the Congress. All phy sicians interested in this section are requested to correspond with the secretaries for the United States. Dr. T. Morris Murray (English Speaking), Washington, D. C.; Dr. J. Maron y Alonso (Spanish Speaking), Las Vegas, N. M.

One of the series of International Congresses to be held in Chicago in 1893 is to be devoted to the subjects of charities, correction and philanthropy, and the fourth section of this is to consider all matters relating to the hospital care of the sick, the training of nurses, dispensary work, and first aid to the injured. The Committee of Organization of the Congress has appointed Dr. John S. Billings, Surgeon U. S. Army, as chairman of this section, and Dr. Henry M. Hurd, Superintendent of the Johns Hopkins Hospital in Baltimore, as its Secretary, and has authorized and requested them to complete its organization, to extend invitations and to prepare a programme for its work. Miss Isabel A. Hampton, Superintendent of the Training School for Nurses of the Johns Hopkins Hospital, has been appointed chairman of the work of the section which relates to the training of nurses. It is desired that this shall be a truly international gathering for conference on the subjects allotted to this section, and all who are interested in hopitals, in training of nurses, in dispensaries, or in first aid to the injured are cordially invited to be present to

contribute papers and to take part in the discussions. Persons desiring to present papers, or to share in the discussion of this section, are requested to communicate with the secretary at once. The period af time allotted for the preparation of the programme is necessarily brief, and it is essential that all who are willing to assist in this work should act promptly.

The preliminary manifesto of the Section on Diseases of the Mind and Nervous System, Pan-American Medical Congress, has been received from the Executive President, Dr. C. H. Hughes, St. Louis, Mo. He says:

"Every effort is being made to make the meetings of the Section on Diseases of the Mind and Nervous System both scientifically profitable and socially pleasant. Papers of distinguished merit from Neurological students and physicians eminent in Psychiatry, have been promised.

"Every physician on this continent of America, North or South, is hereby cordially solicited and welcomed to join in the meetings of this important section of the approaching Pan-American Medical Congress; and it is hoped by unity of effort and cordial co-operation to make the Section of Nervous and Mental Diseases second to none in the Congress in fruitful results to Pan-American Psychiatry.

"Let us come together from all the Americas and make the coming convocation one long to be remembered for its scientific and social benefits to all."

ANAL ECZEMA.—A correspondent of the *Medical World* asked for a remedy for anal eczema in a patient who had tried ten other doctors. The following are some of the "never-fail" prescriptions which readers of the *World* suggest in the succeeding issue: I. Vaseline dr. 8, salicylic acid gr. xx, sulphur gr. xxx

2. Abstinence from coffee as a beverage. 3. Vaseline oz. j, acidi chrysophanic grs. xv. acidi hydrocyanic dil. gtts. xl. 4. Resorcin dr. j to glycerine oz. j. 5. Ointment of vaseline, carbolic acid, and oxide of zinc. Make the carbolic acid two drachms to the ounce of vaseline. 6. Hydrarg. ox. flav. dr. jss, ol. lini dr. iii, lanoline, vaseline, aa oz. ss. 7. "Make a solution of bichloride and add a few spoonfuls to a cup of hot water as hot as can be borne and let the woman bathe the parts with this with a soft sponge after every action of the bowels and two or three times per day if need be; don't get it too strong at first.

The French Society of Electropathy is about to manage a yearly exhibition, which will take place the Friday and Saturday of Easter week in 1893. This exhibition will be held in the "Laboratoire de physique de la Faculté de Médicine" in Paris, and will include the instruments employed in electropathy, as well as demonstrations concerning electric methods, drawings, etc. The organizining committee is represented by Prof. Gabriel, Drs. Trepier, Gautier, Nogt, and M. Gaiffe, constructor. Doctors and constructors are invited to call from this day upon Dr. Vost, 28, rue Saint Dazare, Paris, for information.

Dr. Theo. H. Waller reports (Brit. Med. Jour.) the birth of a pair of twins with an interval of a week between the two deliveries. After the first was delivered its placenta came away, and by external palpatation he discovered the presence of the second. On vaginal examination there was no presenting part. There was no lochial discharge until after the second birth, nor any milk in the breast. Both children were males.

His reasons for non-interference at an earlier stage was there was no indication for doing anything, and therefore it was not a case for "meddlesome midwifery."

The R. I. Medical Science Monthly sent out its first number in January. It claims to be the first medical journal published in the State of Rhode Island. S. Frederick Haller, A.B., M.D., is the managing editor, with A. B. Briggs, M. D., Emil Lesser, A. B., Ph. D., and Wm. T. Luther, and a corps of associate editors.

From the press dispatches of February 7th, we learn that the eighty students attending the college of Physicians and Surgeons, St. Louis, have decamped and gone home on account of the death of three students closely following each other and supposed to be due to typhus fever. The disease was thought to have been contracted in the dissecting room. The scare will probably have blown over by the time this reaches our readers.

Fifty cases of cholera have been reported in Marseilles during the four days ending January 6th.

In acute articular rheumatism, besides the internal use of the salicylates place the patient between blankets instead of sheets, and apply flannels wrung out of a hot solution of salicylate of soda to the affected joints.

Dr. Eustathius Chancellor has found camphophenique in the proportion of one-fourth or one-half drachm to an ounce of bland oily vehicle, such as olive oil, albolene or benzoinol, a valuable injection in the treatment of specific and non-specific urethritis.—Jour. American Med. Asso.

Books and Pamphlets Received.

A study of the Comparative actions of Antipyrine, Phenacetine and Phenocoll on the Circulation and Heat Phenomena. By David Cerna, M.D., Ph. D. and William S. Carter, M.D.

Report of the State Hospital at Morganton, N. C., from December 1, 1890, to

November 30, 1892.

Clinical Reports on Insanity, by the Medical Staff of the Maryland Hospital for the Insane: 1. Relation of Pelvic Disease and Psychical Disturbances in Women. By George H. Rohé, M.D. 2. A case of Trephining for Insanity. By J. Percy Wade, M.D. 3. A case showing the Relation of Kidney Diseases to Insanity. By Milton D. Norriss, M. D. 4. Acute Delirious Mania, Probably Depending upon Septic Absorption, By Fred Caruthers, M.D. 5. Results Obtained from Sulphonal and Hyoscine in the Treatment of the Insane. By John H. Scally, M.D.

Proceedings of the Thirteenth Annual Meeting of the North Carolina Pharmaceutical Association, Raleigh, 1892.

Superintendent's Report of the Eastern Hospital, Goldsboro, N. C., for the

year 1892.

Amblyopiatrics. The Antiseptic Dropper. A case of Homatropine Susceptibility. By George M. Gould, A. M., M.D.

Report of a case of Large Intra-Cranial Tumor (weight five ounces) Com-pressing the Left Frontal Lobe. Three pressing the Left Frontal Lobe. cases of Cranial Surgery. By William H. Morrison, M.D.

An Operation for the Radical Cure of Stricture of the Lachrymal Duct, with Description of a Stricturetome. By C.

H. Thomas, M.D.
Adenoid Vegetations of the Pharynx a Frequent Cause of Deafness in Children. Their Removal. S. Latimer Phillips, M.D.

Arterial Saline Infusion. By R. H. M. Dawbarn, M.D.

Woman's Place in the Christian World. By W. W. Parker, M.D.

Why Hygienic Congresses Fail. By Dr. Elizabeth Blackwell.

Codeine in the Treatment of the Morphine Habit. The Curability of Nar-cotic Inebriety. By J. B. Mattison, M.D.

The Metschnikovian Theory of Vital

Resistance. By J. W. Byers, M.D.
The Choice Between Extirpation and Colotomy in Cancer of the Rectum. By Charles B. Kelsey, M.D.

Typhoid Fever in the Light of Modern Research. Facts and Doubts about Chol-

era. By L. Bremen, M.D.

An Experimental Inquiry Concerning Elastic Constriction as a Hæmostatic Measure. By N. Senn, M.D., Ph. D.

Mechanical Support in Fracture and Dislocation of the Sixth Cervical Vertebra. Tubercular Ostitit of Tarsus. Rheumatoidal Arthritis of Taesus. By H. A. Wilson, M.D.

At What Age Should the First Treatment of Club-foot be Instituted? Ibid. Tuberculin and the Living Cell. By

Chas. Denison, A.M., M.D.

Pestilential Foreign Invasion as a Question of States' Rights and the Constitution. By Jos. Holt, M.D.

A Review of the Mountain Resorts of North Carolina and Their Possibilities.

By S. Westray Battle, M.D.

Compressed Air and Sprays in Diseases of the Nose, Throat and Ear. By S. S. Bishop, M.D.

Report on Abdominal and Pelvic Surgery, Including Thirty-Two Successful Cases of Laparotomy. By W. H. Wathen, M.D.

Experimental Research on the Implantation of the Ureters into the Rectum By R. Harvey Reed, M.D.

. , ,

Reading Motices.

SATISFACTORY RESULTS—Will be obtained from the use of Neurosine in all forms of 'Alcoholism', If given in drachm doses every few hours it effectually relieves the distressing effects of a debauch.

An admirable remedy in the treatment of colds is the following:

B.—Salol. Antikamnia, Sulph. Quinia.

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M. ft. Capsules xii. One every four hours. This seems to be a large quantity, but if put in 10-gr. capsule it can be taken readily, and is usually very well borne by the digestive organs.

The usefulness of Good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement on page 8 of this number. "Robinson's Hypophosphites," also "Robinson's Hypophosphites with Wild Cherry Bark (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of Quinine, Strychnine, Iron, etc., adding highly to their tonic value.

IMPURE BROMIDES.—Helbing's Pharmacological Record has an important statement concerning the undue proportions of potassium chlorate that are found in the bromides. An examination made by Helbing and Passmore show that it is a serious matter to buy the potash salt at the present time without having it carefully analyzed as to the percentage of chlorides it may contain. The importance of purity in a drug of this nature is very great, and will receive the earnest heed of neurologists everywhere.—Journal American Medical Association.

[Peacock's Bromides are of known purity, and should be used when bromides are indicated, as they are the *only* preparation of *Chemically Pure* Bromides on the market.]

I desire to add my testimony to the efficacy of Cactina Pillets in heart diseases of various forms. I have under treatment a case of essential paroxysmal tachycardia, result of excessive tobacco chewing, in which the only remedy that gives relief is Cactina Pillets. I have used them with signal success in the various forms of functional and organic diseases. John A. Robison, A.M., M.D., Professor General Medicine, Post-Graduate School, Chicago, Ill.

THERAPEUTICS OF TRIONAL.—This hypnotic (one of the sulfone series), has lately been the subject of renewed interest on account of its special value in certain cases in which hypnosis or sedation has not been so well produced by some of the other drugs employed in insomnia and the neuroses. The reports speak favorably of it as having a prompt and reliable action; for instance in the forms of insomnia determined by neurasthenia, functional psychosis and or-ganic brain lesions. The usual dose is 15 to 30 grains, although single doses of 45 to 60 grains, and daily quantities of 90 to 120 grains, may be given with impunity. The effect of Trional is said (Deut. Med. Woch., No. 32), to be increased by giving it on alternate days with sulfonal. Boettiger (Berl. Klin. Woch.), states that Trional is especially useful in the insomnia observed in cases of slight psychical excitement and men-. tal disturbances of a primary or secondary character. He gave 15 to 30 grains at bed-time. In conditions of marked excitement he often gave it in 15 grain doses several times during the day.

IMPOTENCE—CYSTITIS—GONORRHŒA ENLARGED PROSTATE—CHRONIC INFLAMMATION OF THE STOMACH.—I have much pleasure in adding my testimony to the value of Sanmetto. It is a potent remedy for the diseases of the urinary organs. I have prescribed it in impotence, cystitis, gonorrhœa, enlarged prostate, and also in chronic inflammation of the stomach, with wonderful success. I am prescribing it every day. Cannot do without it in my practice.

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with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has exmined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strych-

nine in solution, and in the medicinal effects.

As these cheap and cient substitutes, re frequently dispensed instead of the service separation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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THE NEW YORK T

40th Annual Meeting of the N. C. Medical Society in Raleigh, May 9th, 10th and 11th.

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Among laxatives we have many formulæ. As a general laxative, Cascara Sagrada stands easily first. Many of the laxative formulæ meet special indications.

History, literature, and all experience indicate that Medication has to play its part, and that Nature cannot alone restore lost function. The duty of the doctor to the patient is, in prescribing, to specify drugs the purity of which he can youch for.

A physician with life dependent upon his efforts, equipped with a thorough medical education, with a tull appreciation of the case in hand, and who with reliable drugs could effect a cure, often prescribes his remedies with no knowledge of their manufacture, and therefore of their quality.

We invite correspondence from the profession concerning our products, and will afford all information regarding them desired.

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NORTH CAROLINA

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No. 3.

Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript.

URETHRAL CARUNCLE.

By J. R. IRWIN, M.D., Croft, N. C.

[Written expressly for this Journal.]

It is our duty to study and investigate the minor ills to which human flesh is heir, as well as the graver ones, and to direct our attention to every day practical matters, as well as theoretical considerations. Many physicians, and especially young men fresh from the colleges and lectures, are well informed as regards the diagnosis and treatment of serious cases, yet are not acquainted with the minor cases that they may meet with any day in practice. Therefore, to call the attention of the readers of the North Carolina Medical Journal to one of the minor troubles, though one capable of causing grave constitutional symptoms, and to emphasize the importance of a local examination in case a diagnosis cannot be made from rational signs, obtained from the history of the patient, this article is written.

Caruncles anatomically belong to the

angiomata, and consist of vascular loops and a great number of delicate and extremely sensitive nerve filaments, covered with epithelium. They may be sessile or pedunculated, single or multiple, usually of a bright red color, situated just within, around or near the meatus.

Symptoms are, frequent micturition, pain, tenesmus, occasional passing of blood, about the usual symptoms of the so-called "irritability of the bladder." In some cases the pain is constant, and the irritation produced by these little growths is entirely out of proportion to the size of the tumor, and may even cause serious constitutional disturbance, through loss of sleep and constant suffering. The pain is due to friction of the stream of urine against the tumor, augmented by reflex vesical spasm. Vaginismus is also often a symptom.

Treatment consists in removal with

scissors and thoroughly cauterizing the base of the tumor with the actual cautery, using the thermo-cautery, or, in its absence, a heated needle. Nitric or chromic acid may be used.

Case.—December 27th, 1892, I was called to see Mrs. W. C., young married woman, aged 23. Mother of one child, now 17 months old. Appetite good bowels regular, no headache. Three months after child was born, or fourteen months previous to present date, her urine began to scald her. This symptom has been gradually growing worse, until now she is scarcely ever entirely free from pain. Passes small quantities of blood occasionally. Told me that her symptoms had been prescribed for without any amelioration of her condition. As no physical examination had been made, I suggested one, and with her consent and in the presence of her mother-in-law, proceeded to make the examination. On inspection, with the patient in Sims' position, nothing abnormal was noticed about the vulva, peritoneum intact, but on separating the labia I discovered a small, less than a pea, extremely red, vascular tumor, just within the upper part of the meatus, and very sensitive. Just behind the meatus and about a quarter of an inch from it, over the course of the urethra, was another small one. To be sure that I had found the true cause of her sufferings, I inspected the anus for hemorrhoids and fissure; also examined the vagina and uterus, with negative results

Treatment.-Advised their removal at once. Local anæsthesia was produced with a 4 per cent, solution of hydrochlorate of cocaine, which acted admirably in her case. The caruncle was seized with a tenaculum and clipped off with a pair of curved scissors. To prevent its recurrence, the base of the tumor was touched with nitrate of silver. The other one was treated the same way. Didn't have a thermo cautery apparatus with me, nor nitric nor chromic acid. The after-treatment consisted in frequent applications of iodoform, 3 i, to vaseline, 3 i, both for its antiseptic and healing qualities, and to prevent the parts from being irritated by the urine, Three weeks after the removal of the growths the patient expressed herself as entirely relieved, and a very grateful patient.

SWEATING BILIOUS FEVER.

By P. E. HINES, A.M., M.D., Raleigh, N. C.

(Read before the Raleigh Academy of Medicine December 7th, 1892.)

In the spring of 1863 it became my duty to visit the late camp of General Ramseur, about three miles north of Petersburg, Virginia, and to examine all the sick soldiers left behind, and have them removed to the General Hospital in the city of Petersburg.

Upon examining the first soldier I found a disease entirely new to me, viz: a man with a fever as hot as the fever preceding the eruption of small-pox (or

about 105° or 106°), with a pulse of 130, intense pain in the head and back, and a copious perspiration of the whole body. The perspiration was so great that when I put my fingers on the wrist to examine the pulse, the perspiration welled up between them almost in a stream, while the skin almost burned my fingers. There were a number of soldiers as above described. They were all removed to the hospital, and a number of

them died and were reported under the heading of other diseases, most of them being reported as meningitis. I did not think this was the disease, but what it was I did not know. I had several of the best works on the practice of medicine in the English and French languages, which I consulted most carefully, but could find no description of the disease which I had seen.

In 1882 I saw a child (F. H.), about 7 years of age, living in the extreme northern settlement, beyond the city limits, on the same street leading to the Raleigh car-shops. When I saw him he was lying in the centre of a small bed. with a circle around him, about a foot wide, perfectly wet. The night-shirt which he had on was thoroughly wet, and sweat was pouring off of him. His pulse was 134, temperature 105 4-5° with a certified Hicks thermometer. He complained, as did the soldier, of an intense headache and backache. Upon examining him, I discovered, for the first time, the disease the soldiers suffered with-"Sweating Bilious Fever," I treated him accordingly, giving a freely purgative dose of calomel and 5-grain doses of quinine every four hours until he was thoroughly under its influence, then at longer intervals. In three days the child was thoroughly convalescent, and in a very few days well and out again.

During the past summer I saw Mr. , who had just returned from the Republican Convention at Minneapolis, Minn., and who had been taken sick on his way home. I saw him on the afternoon of his arrival. His temperature was 103°, pulse 120; sweating very freely, his clothes being wet with it, and he was suffering with headache and backache. Gave him a purgative dose of calomel, acetanilide to reduce his fever, and 30 grs. of quinine to be taken in doses of 10 grs. during the night and next morning. In the afternoon his temperature was 100 3 5°, slight perspiration, feeling very comfortable. Ordered him to continue the quinine, and on the third day he was well.

Since writing this paper I find that Valleix, in the third volume of the third edition of his Guide to the Practice of Medicine, page 567, speaks of the forms of Pernicious Fevers. The first form is the fever cold; the second form is the fever diaphoretic, which is nothing but an exaggeration of the sweating stage.

The perspiration is excessive, and the patient may die with all the signs of the most complete exhaustion in the first or second paroxysm. I had examined this and many other of the standard works on the practice of medicine in 1863 and since, and this is the only allusion to this disease I have seen.

INTRA-CRANIAL WOUND VIA THE ORBIT AND SPHENOID FORAMEN.

BY ROBERT D. JEWETT, M.D., Wilmington, N. C.

[Written expressly for this Journal.]

On the 29th of December, 1892, was summoned in haste to see A. B., a white lad, aged 13 years, who, the messenger said, had injured himself while shooting a toy pistol. On arriving found the patient under the charge of Dr. William

J. Love, with whose permission the case is reported, the writer having continued in attendance to the close.

The patient, with a companion of about the same age, and from whom the history was obtained, went into the

fields on the outskirts of the city to shoot sparrows, being armed with improvised guns, of which the following is a description: The barrel consisted of a brass tube about the size of a slatepencil and ten inches in length. One end of this tube was securely plugged, and just beyond the plug the tube was filed across until the lumen was reached, thus forming a touch-hole. For the stock a piece of board about three by eight inches was used. In the edge of this a groove was made, terminating about four inches from the end in an abrupt shoulder. The tube was placed in this groove, the plugged end being butted against the shoulder, and leaving about six inches of the tube projecting beyond the board. The tube was held in place by several turns of paper twine. The gun was loaded with powder and a few shot, the fuse of a Canton-cracker inserted into the touch-hole, and the gun held at arm's length until it was discharged. The patient had just fired his piece, when his companion observed him pulling the tube out of his forehead. There was considerable bleeding, and they walked down into a ditch by the roadside and washed the wound and then started for home, the patient asking his companion to return and see if he had killed his bird. After walking a short distance he complained of feeling weak, and finally sat down, being unable to proceed farther. His companion hastened for assistance, and soon met a man with a cart, when they returned to find the patient lying unconscious. He was carried home, a distance of about half a mile.

The patient was seen at noon, about an hour after the accident. He was unconscious, respirations very stertorous and 35 a minute; pulse 56; temperature 77½° F. There was a wound about as large as would be made by a "B.B." Flobart cartridge, situated at the superior internal angle of the right orbit, from which

venous blood was continually oozing. The right lid presented considerable ecchymosis, and both pupils were widely dilated, with no response to light. The globe of the injured eye appeared normal. A probe could be passed into the wound only for a third of an inch without undue force. There were a few specks of powder in the face, but these were of long-standing, and there was no evidence of powder about the wound. Cotton wet with antiseptic solution was kept applied to the wound, and bromide of soda prescribed with absolute quiet.

At 6 o'clock p. m. the condition was about the same except that there was considerably less stertor, the breathing being nearly normal in character. The pulse had increased to 65, with an occasional tendency to halt; temperature 98° F.

January 30th, 10 a, m.—Patient quiet all night; respiration quiet and regular; pulse 70; temperature 98.8; stupor less marked. There was some restlessness, with symptoms of slight spasm, the thumbs of both hands being drawn into the palms and the fingers closed over them; also some rigidity of the posterior muscles of the neck. There seemed to be a condition of hyperæsthesia, the patient resisting the touch of the hand in taking the pulse, and making persistent effort to remove the dressing from the wound. At this time there was an involuntary evacuation of the bowels, the first since the injury was received. On first arrival at this visit both pupils presented the same degree of dilatation as on the preceding day, but on making a second examination a quarter of an hour later, the left pupil was found contracted nearly to normal, the right remaining unchanged. The patient could be aroused sufficiently to answer direct questions by "yes" or "no," immediately relapsing into sleep. He would, upon being emphatically told, slowly protrude the tongue and leave it protruded until told to withdraw it,

January 31st, 10 a. m.—Rested well during the night, except occasional restlessness. Refused the chamber when offered him during the night, saying he had already relieved himself, which he had done in the bed. Respiration normal; pulse between 76 and 80, less strong, the tendency to halt still present, but less marked: temperature oo.5. Intelligence was improved, the patient opening his eyes when addressed, and answering questions rationally. Still a desire to sleep all the time. The dilatation of the right eye had disappeared, as had also the ecchymosis of lid almost entirely. The power to grasp the hand was considerably increased. The bromide of soda was continued, with the addition of ten grains of iodide of potash to each dose,

About 10 p. m. of this day Dr. Love

was summoned in haste, and on arriving discovered the following condition, which he has taken from his own notes of the case: "Patient in convulsions. Up to this time the treatment had been expectant; but it had early been determined to trephine the squamous portion of the temporal bone, on a line with the upper border of the zygoma, should the symptoms of compression become aggravated, with the expectation of finding a clot in the right anterior fossa near the sphenoidal fissure, through which it was supposed the tube passed. The consulting surgeons (Drs. G. G. Thomas, W. W. Lane and the writer) were instantly summoned, but the patient died before they arrived. Permission for an autopsy could not be obtained." The surmise was that during the convulsion a fresh hæmorrhage occurred in so large a quantity as at once to destroy life.

NECROSIS OF THE TIBIA—SARCOMA OF THE UPPER JAW, OPERATION, RESULT—EPITHELIOMA OF THE UPPER JAW, OPERATION, RESULT—NÆVUS OF THE TEMPLE—ENCYSTED HYDROCELE—TREATMENT OF BUBO.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania,

By John Ashhurst, Jr., M.D., Barton Professor of Surgery, and Professor of Clinical Surgery. Reported by Dr. Wm. H. Morrison Holmesburg, Philada.

NECROSIS OF THE TIBIA.

Gentlemen, this little girl was operated on a number of weeks ago for necrosis of the upper portion of the tibia, and condensing osteitis involving pretty much the entire extent of the bone. The operation consisted in removing the soft bone around the sequestrum and making a linear section with Hey's saw through the entire portion of the bone that was involved. This has afforded complete relief from the pain that was present. The upper portion of

the wound is now healed and the lower portion is almost closed.

I wish to-day to call your attention to a feature of the case which was not referred to when she was before you for operation, and that is the condition of the upper incisor teeth which are of the form spoken of as Hutchinson's teeth. This malformation of the teeth has been pointed out by Mr. Johnathan Hutchinson as characteristic of hereditary syphilis. Not all malformed teeth are due to this disease. The majority of malformed teeth may be properly called

mercurial or stomatitis teeth. They are due either to mercury, which has caused stomatitis, or to stomatitis from other causes. As you know, the teeth are not connected with the bony system, but rather with the mucous membrane and skin, and whatever causes stomatitis is apt to cause certain malformations of the teeth. The characteristic deformity of hereditary syphilis is met with in the middle incisors of the upper jaw, and it consists not only of one deep notch (not of the several notches that are sometimes seen in healthy teeth), but also in the fact that the tooth is larger at its base than above. This is sometimes called the peg-top deformity. In this child we find that the teeth are larger at the neck than above, while in normal teeth the neck is the smaller part. Here, also, each upper central incisor presents a very deep notch. Of course this condition of the teeth throws light upon the origin of the bone disease. The condensing ostetitis and the necrosis are due to the same cause that has produced the deformed feeth, suggests, too, the use of iodide of potassium. We give this drug also in ostetitis from other causes, for it is a useful agent in all fibrous inflammations.

SARCOMA OF THE UPPER JAW-EPITHE-LIOMA OF THE UPPER JAW.

These are the two patients on whom I operated two weeks ago. In the first case I excised the upper jaw for osteosarcoma. As I pointed out then, you will notice that the line of cicatrix is almost entirely concealed. The cheek is of course flattened from the loss of the bone, and the eyelid droops a little, but after a time that will be overcome to a large extent. There was not much shock following the operation and the temperature went down only to 97.8°. The same evening it rose to 102.2°. That was the highest point that it

reached. Two nights afterwards it was above 100°, and with that exception it has not reached 100°.

The second patient is the one from whom I removed an epithelioma involving the palate and maxillary bone. I made a linear incision through the cheek in order to expose the parts thoroughly, and removed the diseased bone with forceps, and afterwards applied a saturated solution of chloride of zinc. This of course causes a slough, the removal of which makes us more certain of removing all the diseased tissue. Immediately after the operation the temperature was 96.8°, and that evening it rose to 100°. Since then it has not reached 100°.

NÆVUS OF TEMPLE.

The next patient is a woman on whom I operated two years ago. The case was one of large nævus occupying the side of the cheek, the temple and a portion of the scalp. It was one of those nævi which had undergone cystic degeneration with a good deal of fibrous change. It had been converted into an almost solid tumor with very little vascularity. The operation was begun by laying up a flap of skin, as the growth was so large that it would not have been justifiable to remove the skin. growth was then dissected out. wound healed satisfactorily, and until within a short time she has had no trouble. Within a few months there has been a little reproduction of the nævus at the lower part of the wound, very slight in comparison with what it was This case illustrates the fact that non-malignant growths do sometimes recur. Here it undoubtedly is due to the fact that some portion of the tissue disposed to nævoid change has been left. The patient has returned to have this removed. The tissues thickened, but with little vascularity

about them. There is a marked depression where the former growth pressed on the bone and caused erosion. I make an incision through the skin and remove the growth, which appears very much like a fatty tumor. We sometimes have nævus and lipoma existing together, and called nævoid lipoma. I suspect that this is the case here. I find that the growth dips down under the zygoma and I dissect it out as carefully as possible. The vessels are next ligated with catgut and the wound closed. A strand of catgut is placed in the wound for drainage and the usual antiseptic dressing applied.

HYDROCELE.

The next case is one of scrotal tumor, which I believe to be a hydrocele. You notice the characteristic shape of the tumor which is spoken of as pyriform from its resemblance to a pear. Usually the base of the pear is downward. When I lift the scrotum it seems light for its size. This sign is, however, deceptive, for you may have a sarcocele containing large cysts, so that it is as light as a hydrocele. On the other hand, a hydrocele, if very tense, may feel comparatively heavy.

The diagnosis from hernia is made partly by the history. A hernia begins above and comes down, while a hydrocele begins below and passes upward. Careful examination of the canal and ring will help to settle this point. Unless the tumor is very tense you can invaginate a little portion of the skin and feel the border of the ring. I have here my finger in the external abdominal ring, and I feel it to be free. If there were a hernia, the ring would be filled by the tumor. In hernia the axis of the growth points inward instead of standing outward as here. The most satisfactory test, however, is that by transmitted light, or, if this is not available, the exploration of the canal by invaginating the skin into the external ring.

In regard to the diagnosis from a solid tumor, you derive a certain amount of information from the history and from the weight of the growth. This swelling has lasted for eight years. No solid tumor of the testis would gradually increase for eight years without some other change. A malignant growth would run a much more rapid course and syphilitic disease, which is very chronic, would certainly in eight years have involved the other testicle. In syphilitic sarcocele both testes are involved, usually one after the other. We find here a little hydrocele on the other side, but it is so slight that I do not propose to do anything for it.

As to the question whether this is a simple hydrocele or an encysted hydrocele, we cannot be certain until we withdraw the fluid, and even then you may not always be certain. Simple hydrocele has the characters that I have mentioned, while encysted hydrocele is more apt to be of a different shape. Several conditions are included under this name encysted hydrocele. One is where there are inflammatory adhesions separating the tunica vaginalis into two or more portions and accumulations of fluid encysted by these adhesions. The term is also given to spermatocele, that is, a cyst developing in connection with the testis and communicating with the secreting structure of the testicle so that the fluid contains spermatic elements. This constitutes what is properly called spermatocele. Then there may be hydrocele of the cord, which may be diffused or encysted. These are distinct from encysted hydrocele, properly speaking.

In the treatment of hydrocele we have first the palliative treatment, which consists in making a small opening, allowing the fluid to escape and closing the wound. This gives relief for a certain number of months, or even for a longer time. This hydrocele has been developing for eight years, and it may not again require tapping for a year or eighteen months. Then we have the radical treatment of hydrocele, which consists in the endeavor to cause adhesions between the opposing surfaces or to cause such change in the surfaces that the fluid will not reaccumulate. In the ma jority of cases in which a cure is effected it is done without complete obliteration of the sac. The older writers spoke of exhalants and absorbents. They would have said that by treatment we restored the proper balance between the exhalants and the absorbents so that the fluid would be absorbed as rapidly as it was thrown out. These terms are not now used, but some change is effected in the surface of the tunica vaginalis, which prevents it from allowing fluid to exude as it does in hydrocele. In some cases there is obliteration of the cavity from the formation of adhesions, but, as a rule, the cavity remains.

There are various methods practised to obtain a radical cure. Sometimes the seton is employed. Sometimes the sac is incised and the cavity packed. A still more radical plan is excision of the scrotal portion of the tunic. The testicular portion cannot be dissected out without endangering the integrity of the testis. If you resort to that operation, it is proper to apply the curette to the testicular portion so as to get a raw surface, as then you are more apt to secure obliteration of the cavity. If that is not done the testicular portion may become necrosed, and may come out as a gangrenous mass, interfering with the cure.

This patient desires only the palliative treatment. Before using the trocar and canula you should see that the instrument has been properly cleansed and that the trocar moves freely in the canula. I have seen a surgeon introduce the instrument and then find that the trocar was rusted in the canula, so that he had to withdraw the instrument and begin again. You must see, also, that the trocar is introduced at a point where there are no large superficial veins. You make the tumor tense and select a portion between the veins. You endeavor, also, to ascertain the position of the testes, as it is not desirable to puncture it. Probably no particular harm would be done, but it is unnecessary and undesirable. The testicle will usually be found at the posterior portion of the hydrocele. Sometimes there is inversion of the testis. and then the position of the hydrocele is reversed, being then behind the testis instead of in front. Deciding on the point of puncture, you introduce the trocar into the tunica vaginalis with a quick thrust, and then depress the handle so that the point will slide up in front of the testis, instead of pushing directly backward.

You observe the character of fluid that is now flowing, and, as I told you a moment ago, you cannot always make the distinction between ordinary hydrocele and encysted hydrocele before tapping. This fluid shows that we have here a cyst developing in connection with the testis. It is a whitish, milky or limpid fluid, and probably contains spermatic elements. There are cases in which a milky fluid escapes, where there is a connection with a lymphatic vessel. This is what is called lymphocele or chylocele, and it may depend upon the presence of the filaria sanguinis hominis. Usually, however, when the fluid is milky, it contains spermatozoa. As the fluid escapes we find that the testicle is enlarged. In these cases of encysted hydrocele it is not desirable to inject iodine or to adopt other measures for the radical cure. You may effect a cure by simple tapping, because the reaction

is much more severe in these cases than in ordinary hydrocele. Some years ago I had occasion to tap a patient with encysted hydrocele, and, finding the fluid of a milky character, decided against resorting to any radical treatment. I cautioned the patient to be very quiet for a week or so, but he did not pay attention to my advice, and on the second or third day went to market, carrying a heavy basket, and walked about considerably. This was followed by severe inflammation of the part, which laid him up for four or five weeks. I shall close this little puncture with adhesive plaster. The testicle is still larger than it should be, but whether this enlargement is solid, or whether there are smaller cysts which have not been tapped, I cannot say. The patient should wear a suspensory bandage and keep himself as quiet as possible for four or five days, or perhaps a week

TREATMENT OF BUBO.

This young man has had several sores on the penis, and, following these, there has been inflammation in the left groin, but whether this is anything more than a sympathetic bubo I am not prepared to say. There may be a simple adenitis as the result of a chancre or chancroid. This is very common as the result of any irritation, as that from gonorrhea or from mechanical causes. Anything that causes irritation may lead to suppurative adenitis.

In the treatment of such a case the proper thing to do is first to try to secure resolution, but if suppuration occurs, to open the abscess at once. If the disease takes on the true chancroidal form, the parts must be cauterized, but it is not proper to do that until the necessity arises.

There is evident suppuration here, and the abscess must be opened. What I wish particularly to call your attention to in this case is the line in which the incision should be made. It is often said that the incision should be made in

the line of Poupart's ligament. If made in that position, healing is difficult, for every motion of the leg causes the wound to open and close. The incision should be made in the line of the long axis of the body, almost at right-angles to Poupart's ligament. When the patient flexes the thigh the wound will open. Made in this way healing is accomplished more satisfactorily. I make the opening in the manner pointed out, and at once there is a free discharge of pus. With a little compress of cotton I make gentle pressure on the abscess. You should not make more pressure than can be applied in this manner. It is a barbarous practice to make pressure with the thumbs on the abscess wall, as is sometimes done. If this cavity should not readily close, it may be necessary to slit up any sinuses that may exist. If this should develop into a large chancroid, it will be necessary to slit up the sinuses and cauterize the whole surface with nitric acid, as in the case of the original sore. If, however, this is a simple inflammatory bubo, the probability is that it will heal as readily as any other abscess.

Sometimes you will find in cases of chancroidal bubo that a diseased gland seems to project into the wound. The great trouble with chancroidal bubo is that any virus which is left re-infects the wound by the process known as autoinoculation. It often happens that a little chancroidal pus will be inside of the lymphatic gland, and that, if the gland is allowed to break down in the wound, it will inoculate all the tissues: therefore, if you find a gland projecting in the incision, it should be enucleated, This is readily done with scissors and forceps. In this way the inoculation of the wound can often be prevented and the patient saved much trouble. Here there is nothing of the kind, and I shall apply the ordinary antiseptic dressing making pressure with a pad of cotton and a spica bandage.

ON CERTAIN ANIMAL EXTRACTS: THEIR MODE OF PREPARATION AND PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS.

A Lecture delivered at the New York Post-Graduate Medical School and Hospital,

January 16th, 1893, by William A. Hammond, M.D., Surgeon-General

United States Army (retired), late Professor of Diseases of the

Mind and Nervous System in that Institution.

GENTLEMEN :- I wish I could believe all the pleasant things that my friend, Professor Roosa, has, in the goodness of his heart, just said about me. There are two expressions of his, however, which I know to be true. First, I scarcely need any introduction here, for though I have been away from you for more than four years, I feel that I am, if only for an hour or so, back among my own people, and I experience some. thing of the emotions of the captain who walks the quarter deck of his ship. Second, I am one of the founders of this school. I shall always regard that fact as the most honorable of all the events of my professional life-the one in which I take the most pride. The excellence of the work done here by the faculty, and the phenomenal success that has attended upon their labors, are circumstances of which they may well feel a justifiable elation, and in which emotion I claim the right to share.

But I am not here to-day to speak of the triumphs of this school. I want to tell you of some of the work upon which I have been engaged since I left you, and the story will, I think, interest a body of physicians like yourselves, who come here to learn new facts, and thus to keep abreast with the progress of the age. You remember that about three and a half years ago Dr. Brown-Séquard electrified the medical and non-professional world by announcing that the expressed juice of the testicles of the guinea-pig was an agent capable, when injected into the blood, of arresting, to some extent, the inroads of old age and of curing certain diseases to which mankind is subject. I at once entered upon a series of investigations of the matter, some of the results of which are published in the New York Medical Journal for August 13th, 1889. I became convinced that we had in the juice of the organs in question a means of acting upon the body in a manner and to an extent different from that of the effects of any other substance previously known to medical science.

But, though surprising in its action, I found that there were certain practical difficulties in the way of the fresh testicular juice ever becoming of general use in actual practice.

In the first place, it had to be used fresh, for if not there was great danger of a putrefactive process being set up and blood-poisoning produced, and this was the result in several cases in which it was used in this country. In large cities there is almost an impossibility of getting the organs in question immediately on their being removed from the animal.

Secondly, it was extremely difficult to filter the thick juice, even when diluted according to Brown-Séquard's directions. Filtering paper would not do, for the morphological constituents passed through, and an abscess was very liable to be produced at the point of injection A porous stone filter absorbed the juice and none of it came through, as there was never a sufficient quantity to saturate the stone and to pass through it A large amount could not properly be made at one time, as it would not keep, so that it was necessary at every seance to prepare a fresh quantity.

After a time, therefore, during which I did my best with the fresh juice, using for this purpose the testicles of the ram, and creating several abscesses with febrile disturbance, I gave up this method and turned my attention to preparing extracts not only of the testicles, but of other organs of the body. It would be to some extent instructive to go over my failures, but I have not time for that. I can only on this occasion tell you of my success and the conclusions I have arrived at in regard to the subject. And I shall mainly confine my remarks at present to the consideration of one extract, that of the brain, which, for convenience, I designate "cerebrine." I will merely say that I have prepared extracts also of the spinal cord-"medulline"; the testicles, "testine"; the ovaries, "ovarine"; the pancreas, "pancreatine"; the stomach, "gastrine," and the heart, "cardine," and that I am nearly ready to give to the profession the results of my observations with these substances. Of course the kidneys and the liver being excretory organs, cannot properly be used for the purpose of making extracts to be introduced into the blood. Were we to use them in this manner we should be putting back into the system poisons which it had eliminated, and hence would produce disaster, and, perhaps, even death,

The process of preparation of the extract of these several organs, while individually somewhat different, does not materially vary from that used for the brain, which is as follows:

The whole brain of the ox, after being thoroughly washed in water acidulated with boric acid, is cut into small pieces in a mincing machine. To one thousand grammes of this substance placed in a wide-mouthed glass-stoppered bottle, I add three thousand cubic centimetres of a mixture consisting of one thousand cubic centimetres each of a saturated solution of boric acid in distilled water,

pure glycerine and absolute alcohol. This is allowed to stand in a cool place for at least six months, being well shaken or stirred two or three times a day. At the end of this time it is thrown upon a porous stone filter, through which it percolates very slowly. requiring about two weeks for entirely passing through. The residue remaining upon the filter is then enclosed in several layers of aseptic gauze, and subjected to a pressure of over a thousand pounds the exudate being allowed to fall upon the filter and mixed with a sufficient quantity of the filtrate to cover it. When it has entirely filtered it is thoroughly mixed with the first filtrate and the process is complete.

During the whole of this manipulation the most rigid antiseptic precautions are taken. The vessels and instruments required are kept in boiling water for several minutes and are then washed with a saturated solution of boric acid. Bacteria do not form in this mixture under any circumstances, but it is necessary to examine it from time to time microscopically, in order to see that no foreign bodies have accidentally entered. Occasionally, owing to causes which I have not determined, though I think it is due to variations in temperature, the liquid becomes slightly opalescent from the formation of a flocculent precipitate. It sometimes takes place in a portion of the extract kept under apparently identical conditions with other portions that remain perfectly clear. It can be entirely removed by filtration through Sweedish filtering paper, previously sterilized, without the filtrate losing anything of its physiological or therapeutical power.

Five minims of this extract diluted at the time of injection with a similar quantity of distilled water constitute a hypodermic dose.

The most notable effects on the human system of a single dose are as follows—though in very strong, robust and large persons a somewhat larger dose is required, never, however, exceeding ten minims:

- r. The pulse is increased in the course of from five to ten minutes, or even less in some cases, by about twenty beats in a minute, and is rendered stronger and fuller. At the same time there is a feeling of distention in the head, the perspiration is largely increased, the face is slightly flushed, and occasionally there is a mild frontal, vertical or occipital headache, or all combined, lasting, however, only a few minutes.
- 2. A feeling of exhilaration is experienced which endures for several hours. During this period the mind is more than usually active and more capable of effort. This condition is so well marked that if a dose be taken about bedtime wakefulness is the result.
- 3. The quantity of urine excreted is increased, when other things are equal, by from eight to twelve ounces in the twenty-four hours.
- 4. The expulsive force of the bladder and the peristaltic action of the intestines are notably augmented, so much so that in elderly persons in whom the bladder does not readily empty itself without considerable abdominal effort, this action is no longer required, the bladder discharging itself fully and strongly, and any existing tendency to constipation disappears, and this to such an extent that fluid operations are often produced from the rapid emptying of the small intestine.
- 5. A decided increase in the muscular strength and endurance is noticed at once. Thus I found in my own case that I could "put up" a dumb-bell weighing forty-five pounds fifteen times with the right arm and thirteen times with the left arm, while after a single dose of the extract I could lift the weight forty-five times with the right arm and thirty-seven times with the left arm,

- 6. In some cases in elderly persons an increase in the power of vision is produced, and the presbyoptic condition disappears for a time.
- 7. An increase in the appetite and digestive power. Thus, a person suffering from anorexia and nervous dyspepsia is relieved of these symptoms, temporarily, at least, after a single dose hypo dermically administered.

These effects are generally observed after one hypodermic injection, and they continue for varying periods, some of them lasting for several days. In order that they may be more enduring, two doses a day should be given every day or every alternate day, as may seem necessary, one in the morning and one in the afternoon, and kept up as long as the case under treatment seems to require. The most notable effects are seen in the general lessening of the phenomena accompanying advancing years. When some special disease is under treatment the indications for a cessation of the injections will be sufficiently evident, either by an amelioration or cure.

To the substance obtained in this manner and held in solution I have given, as stated, the name of "Cerebrine" as the one, in view of its origin, most appropriate.

I have employed the solution of "Cerebrine" with curative effects in many diseases of the brain and nervous system. It is almost specific in those cases of nervous prostration-the socalled neuræsthenia-due to reflex causes or excessive mental work, or persistent and powerful emotional disturbance. A hypodermic injection of five minims, twice daily, continued for two or three weeks, and without other medicine, being sufficient to produce cure. It has proved equally effectual in cases of cerebral congestion, in which the most prominent symptom was insomnia, sleep being produced usually in the course of

two or three nights. I have also employed it successfully in migraine, hysteria, melancholia, hebephrenia—the mental derangement occurring in young people of either sex at the age of puberty—in old cases of paralysis, the result of cerebral hemorrhage. In neuralgia, sciatica and in lumbago it has acted like a charm, except in one case of facial neuralgia, in which it did not appear to be of the slightest service.

I have employed it in eleven cases of epilepsy. Three of these were of the petit mal variety; in two the effect has been so marked that I am not without the hope that cures will result, although I am not able, as yet, to speak positively on this point, the patients having been less than a month under treatment. In the other no influence appeared to be produced.

Eight cases were of the grand mal variety. In two of these the number of paroxysms has been reduced more than one-half, and greatly mitigated in severity. In six other cases which were of long duration I could perceive no curative effects.

In a case of general paresis no therapeutical influence was apparent beyond that of arresting the delusions of grandeur for a few days. In a case of hebephrenia, however, occurring in the person of a young lady eighteen years of age, the effect has been most happy, the symptoms entirely disappearing in a little more than a month's treatment.

In several cases of nervous prostration, the result of long-continued emotional disturbance, and in which there were great mental irritability, dyspepsia, physical weakness, loss of appetite and constipation, relief was rapidly afforded. In three other cases in which the most notable symptom was functional cardiac weakness, the effect has been all that could have been desired. In these cases it was employed in conjunction with "Cardine," the extract of the heart of the ox, made in the manner already described.

It is not my intention at the present time to bring before you all the points of this interesting subject, or to allude further to experiments in the treatment of other diseases, which are not vet concluded. In the near future I shall enter more largely into the considera . tion of the matter in all its details. I will only add now that I have used with 'excellent results in cases in which it seemed to be indicated, the extract of the testicles of the bull and also that of the pancreas of the ox, and these investigations also will be given to the profession at an early day. The first named of these-"Testine"-I have found to be of the greatest efficacy in the treatment of sexual impotence when it has been the result of venereal excesses, and in cases of too frequent nocturnal seminal emissions,

It has recently been alleged by some medical authorities that there is no difference in the physiological or therapeutical action of medicines, whether they be introduced directly into the blood by hypodermic injections or taken into the stomach, but it is scarcely worth while to seriously combat this assertion. For while it may be true that some substances are not altered by the gastric juice before they are absorbed into the system, it certainly is not true of many others, and it surely is erroneous as regards those of animal origin. Indeed it is, I think, doubtful if anything capable of being acted upon by the gastric juice and of being absorbed into the blood gets into the system in exactly the same form in which it got into the stomach. And I am very sure that all organic matters, without exception, undergo radical changes under the action of the gastric juice, in some cases amounting to decomposition and recomposition.

It is well known that woorara, the

virulent arrow poison used by the Indians of South America, and which is invariably fatal to animal life when injected into the blood, is innocuous when taken into the stomach, even in very large quantity. I have ascertained, by actual experiment, that the poison of the rattlesnake may be swallowed with impunity. During the course of my medical service in the army on the Western, plains I have collected a large quantity of rattlesnake poison. A small fraction of a grain of this injected hypodermically was sufficient to kill a dog in a few minutes, while previously the same animal had been made to swallow a half a drachm without the production of any apparent result. Experiments made with the saliva of hydrophobic animals prove that it is rendered harmless by the action of the gastric juice. vaccine virus may certainly be swallowed with impunity, as has been shown by repeated experiments upon animals.

Relative to the animal extracts to which I am now referring, I have ascertained, beyond question, that if they are enclosed in capsules so as to reach the stomach without coming in contact with the mucous membrane of the mouth, they are absolutely without physiological or therapeutical effect, so far as can be perceived, even when given in quantities of a teaspoonful or more, but if dropped upon the tongue in double the quantity used for hypodermic injection and allowed to remain in the mouth without being swallowedthus avoiding the action of the gastric juice-they are absorbed and exert a slower but still decided effect, though nothing comparable to that produced when they are administered hypodermically.

Now, gentlemen, a few words in regard to the theory upon which these animal extracts exert these remarkable effects. I have thought a good deal upon the matter and I think I have

arrived at something like the truth. But, after all, a theory, even when supported by indisputable facts, is not a matter of so much importance as the facts themselves. And it is better, if you are sure of your facts, to have an erroneous theory than none at all. The one I am going to propose is, I think, in accordance with physiological law, and I believe that it will strike your minds as being based on common sense, and as being sufficient to account for the observed phenomena. Briefly stated, it is as follows:

Organic beings possess the power of assimilating from the nutritious matters they absorb, the peculiar pabulum which each organ of the body demands for its development and sustenance. The brain, for instance, selects that part which it requires; the heart, the material necessary for its growth and preservation and so on with the liver, the lungs, the muscles and the various other organs of the body. No mistake is ever committed; the brain never takes liver-nutriment, nor the liver brain-nutriment; but each selects that which it requires. There are, however, diseased conditions of the various organs in which this power is lost or impaired, and as a con sequence disturbance of function, or even death itself, is the result.

Now, if we can obtain the peculiar matter that an organ of the body requires and inject it directly into the blood, we do away with the performance of many vital processes which are accomplished only by the expenditure of a large amount of vital force.

Let us suppose a person suffering from an exhausted brain, the result of excessive brain-work. Three hearty meals are eaten every day, but no matter how judiciously the food may be arranged, the condition continues. Now, if we inject into that person's blood a concentrated extract of the brain of a healthy animal, we supply at once the

pabulum which the organ requires. Then, if under this treatment the morbid symptoms disappear, we are justified in concluding that we have successfully aided Nature in doing that which, unassisted, she could not accomplish.

All this is applicable, not only to the brain, but certainly to the heart, the generative system, the spinal cord, and, I believe, other organs of the body. I have repeatedly seen a feeble heart rendered strong, the blood corpuscles increased in number and the color of the blood deepened by the use of Cardine, and I have many times seen an exhausted sexual system restored to its normal power by the use of Testine, Cerebrine and Medulline.

Such is the system, and yet I am not quite sure that it is entirely new. I recollect reading, nearly forty years ago, an account of some observations made by, I think, a German physician, relative to the treatment of diseases of the several organs of the body by a system of diet, consisting of the corresponding organs of healthy animals. Thus, liverdisease was treated by beef's liver, heartdisease by beef's heart, brain-disease by beef's brain, and so on. My memory seems to be clear on the main point, but I have searched in vain for the paper to which I refer. The fact, however, that the various foods in question were cooked and were taken into the stomach, constitutes a great difference with the system which I am now discussing, both physiologically and therapeutically, and the results do not admit of comparison. The germ of the idea, however, is the same, and I cheerfully yield to my unknown proto-observer whatever distinction may be claimed on the score of priority.

And while I have been conducting my observations others have been at work in the same direction, but their investigations do not seem to have led to any very definite results, or to have been systematically carried out. Generally they have been performed with the fresh juice of the organs, and, although at first sight this method would appear to be preferable to any other, experience shows that it is, as I have said, not unattended with danger, and I have certainly ascertained that extracts made with glycerine and pressure, extemporaneously, are absolutely without effect either physiologically or therapeutically.

And now, gentlemen, I commend this whole subject to your serious attention. I shall leave a quantity of Cerebrine with Dr. Leszinsky for distribution among you. I only ask that you will communicate to me the results of your observations.

REPORT OF A CASE OF THIERSCH'S METHOD OF SKIN-GRAFTING.

By W. W. LANE, A.M., M.D., Surgeon-in-Charge Wilmington City Hospital.

[Written expressly for this Journal.]

Having noticed that the report of a case, occurring at Professor McBurney's Clinic in Roosevelt Hospital, New York, in the *Memphis Medical Monthly*, was that of the same little girl I carried there from this city last fall to be operated upon, I thought perhaps a brief

history of the case, with a description of the details of the method pursued, would not be uninteresting to the readers of the JOURNAL.

Miss E. F., aged 12 years, last June, while engaged in some light work in the Industrial Factory in this city, had one of the braids of her hair caught by a rapidly revolving shaft and the scalp torn off from nearly one-half of her head, being found after the accident hanging upon the shaft.

A linear wound extended down to the eyebrow on the right side, but no skin was lost below the roots of the hair on the forehead, the denuded surface measuring about five by seven inches.

It was stated by the physicians who first attended her that perhaps threequarters of an hour elapsed before the scalp was replaced and sutured. She was then sent to this Hospital, where she first came under the care of the writer. After the lapse of a week the dressing was removed and the wound, after careful examination, was found in a good aseptic condition; the replaced portion of scalp presented a fresh, healthy look, and the opinion seemed to be general among the physicians present that union had taken place at several points; in a short time, however, we were undeceived, and the necrosed flap was removed, leaving a large ulcerating surface.

For some time aftewards, at least a month or more, there seemed to be very little effort by nature at reparation. The parts were kept in a healthy condition by daily attention throughout the summer, the patient, strange to say, never having suffered, from first to last, any pain or untoward symptom, being always cheerful and happy.

By August the denuded surface was well covered by soft granulations. Suppuration seemed less free, and the delicate new skin could be seen pushing out from the periphery of the ulcer in its whole extent.

Fearing that nature might not be equal to the task of covering this extensive raw surface, or the great length of time likely to be consumed in effecting the cure, and perhaps the formation of contractions, I was induced to advise

the parents to allow me to take the little girl on to New York and have the operation of skin-grafting done. This was readily agreed to, and she was accordingly taken to Roosevelt Hospital, where the operation was performed by Dr. McBurney in the following manner:

The whole scalp was cleaned, shaved and rendered thoroughly aseptic by scouring with soap and water, washing over with ether, and finally irrigating with bichloride solution. The head was then wrapped in a towel wrung out of a salt solution while awaiting the operation; the thigh from which the grafts were to be taken was treated in the same manner.

The success of this operation, it is generally admitted, depends largely upon the nicety with which the details are carried out, thorough preparation, so that no time be lost, and the defeness of the individual operator. After etherization, the granulations were scraped off with a spatula down to the periosteum and the callous edges of the ulcer were removed freely with the scalpel and gauze compresses, moistened with salt solution, applied to the surface with pressure to arrest all oozing.

The salt solution used is of the strength of about one-half per cent., i. e., one drachm and a half to one quart of boiled water, and used at the body temperature. An assistant holding the skin on the anterior aspect of the thigh tense by means of two sharp-toothed retractors, with a sharp razor, ground flat on one side, and held at a slight augle to the surface, a thin strip of skin, about an inch and a half wide and four inches long, is shaved off with a sawing motion.

The compresses having been removed from the head and the wound irrigated with the salt solution, the graft was laid gently upon the surface to be grafted and adjusted evenly with the aid of the point of a probe and the spatula. These grafts were removed successively and placed in position until the whole surface was covered.

The whole was now again irrigated with the salt solution and covered with corresponding strips of rubber tissue taken out of the same solution. Salt water compresses of gauze were laid upon this, then a layer of absorbent cotton, and finally a bandage covering well the whole head. Outside bichloride compresses may be used if desirable, but only the salt solution, which nearly corresponds to the blood serum, is allowed to come into contact with the delicate grafts as the stronger antiseptics would be apt to destroy their vitality.

The surface of the thigh from which the grafts were taken was covered with a sheet of rubber tissue and bandage applied, the parts healing in a few days.

The head dressing was removed after the lapse of a week in Dr. McBurney's clinic, when, to my great satisfaction, I saw that the grafts had taken hold nicely.

Moist dressings were kept up for the first week, dry ones being then substituted. In three weeks time the little patient returned to our Hospital here, where she remained till recovery was complete.

I am much gratified to be able to report the case as a thorough success. The transposed skin is well set, firm, and with a greater degree of natural elasticity than I expected. I have reported the result to Dr. McBurney in a private communication in compliance with his request.

Most of our physicians have been familiar with this case, and have manifested much interest in the treatment and in the successful results obtained.

The case gave me great anxiety through all the long period from June to November, and I was desirous of seeing the work done in its minute details, under the most favorable circumstances and in the most scientific manner, which was the object in view in carrying her away.

In a recent discussion at the New York Surgical Society on the Thiersch method of skin-grafting, it was stated by some of the surgeons present that they had observed that after a cure with a perfectly healthy grafted surface there was a tendency to the formation of secondary scar tissue, that about the edges of the grafts the underlying tissue was elevated and thickened, resembling somewhat a false cheloid growth. My experience being quite limited in regard to this condition following this method of grafting, I would hesitate to express an opinion, but as we know these conditions almost invariably follow from burns in the second and third degree, may it not be that these contractions and scar tissue mostly occur when the primary cause was a burn?

Selected Papers.

RELAPSES OF TYPHOID FEVER.

Clinical Lecture delivered at the Pennsylvania Hospital, January 14, 1893.

By PROF. J. M. DACOSTA, M.D., LL.D.

GENTLEMEN: -The next case to be brought before you this morning is one of relapse of typhoid fever. Now, gentlemen, relapses following typhoid fever are in themselves an interesting study. They are of interest, in the first place, because you can never know in a case of typhoid fever when a relapse may happen; there is nothing to distinguish the cases from other cases until after the beginning of the relapse. They are of interest, again, because the relapse gives us symptoms somewhat different from those of the original attack. They are also interesting from the fact that the causes of these relapses are exceedingly difficult to understand, and of great importance to study. Therefore, besides their clinical interest, they possess a pathologic interest which is inexhaustible.

Now, to prove to you the character of this case, before we examine into his condition this morning I shall briefly indicate the principal points in his clinical history. He is a young man, 19 years of age, admitted on the 13th of December, suffering with typhoid fever. He stated that previous to his admission he had been ill for about twenty days. I do not know that this is altogether true. By this I mean that he was not in a condition, when admitted, to give a very clear account of his previous history.

What makes me doubt the statement that he had been suffering with typhoid fever for three weeks is the temperature record that has been kept since his admission. It begins with 104° F. on the afternoon that he was brought here; it remains very high, or in the neighborhood of 104° for three days; it then commences to zigzag, with rather a high evening temperature (103.1°) until we find it down one morning to 99.5° This low temperature, it is noted, followed free cold sponging, and was only temporary, for it again rose to 102° in the

evening. This is the temperature re-. cord of the first week, or a little beyond. In the second week we notice the same continued fever-temperature, though still above the normal, does not exceed 102°; and so it goes on into the third week, when, slowly and with considerable variation between higher evening than morning temperatures, it de scends to normal. On the 24th of December, he is free from fever. This is the temperature-chart, or fever-re ord, of the man while under treatment in the hospital; this is what makes me doubt that he had been sick for twenty days before coming here. He has probably included his prodromic symptoms in the time of his actual illness, which probably had only existed for four or five days prior to admission, judging from the subsequent course of the fever.

With regard to the original attack of typhoid, I merely observe that it was not accompanied by anything decidedly out of the way. He had very little intestinal disturbance; if anything, the attack was marked by its freedom from such disorder, as the bowel-movements were not frequent, not more than two, or, at most, three, in a day. There were very few spots; very little tympany—in truth, the case was regarded as a mild one; he was never delirious, and slept well at night; there were no marked nervous symptoms.

Now, gentlemen, I have brought this man before you this morning to show what has occurred since the 24th of December, when he had a normal temperature and was convalescent. The temperature was even subnormal during the following week, for the morning observations are from 97° to 98°, with slight evening rise, which is common after typhoid fever. So it goes on until the 8th of January—six days ago—when the morning temperature was 98.6°, and the evening temperature 133°. On

the next morning it goes down only a little over half a degree (102.4°), and then, on the second day of this relapse, his evening temperature is 105.4°. Here is the record which is so significant! Observe the normal or slightly subnormal temperature for two weeks, then this marked rise. Now mark the course afterward. The morning after this exacerbation the temperature goes down to 100°, largely as a result, I believe, of a cold bath and repeated sponging with water under the care of our attentive nurses; but it does not stay down; it goes up the next evening to 103°, yet by repeated cold spongings it was reduced again to 100°. After this there is a solitary rise to 103°, but in the main the temperature is kept down by continuing these cold applications and by another plunge-bath.

Now, you wish to know something about the other symptoms. When the relapse began he had epistaxis of two or three days' duration. His mind was quite as clear as during the original attack, although his temperature was above 105°. He complained, it is true, of some headache, which lasted two days and occurred at the same time as the epistaxis; but there was no delirium, no restlessness, no jerking of the

tendons.

Having shown you the temperature record and having noted the absence of nervous phenomena during the relapse, we turn to the intestinal symptoms. What were the intestinal lesions, as interpreted by the symptoms? He had three or four loose movements during the day, more, you observe, than during the original attack. His tongue has been coated and dry; is a little cracked at the edges and tip. There have hitherto not been any spots noticed, but I observe one or two rose-spots upon the abdomen to-day, which have appeared since yesterday. In his first attack he did not have many spots, and, in truth, after the first day or two, we found no spots. These that we see here have, as stated, just appeared, It is true that a general duskiness of the skin makes this case unfavorable for the detection of the characteristic spots, but careful inspection failed to detect them until this morning.

To complete these notes, I will add hat he has also some enlargement of the spleen; the splenic dulness begins a full finger's-breadth below the ribs. He has no albumin in his urine. Upon auscultation we find a very short, almost inaudible first sound, and a very sharply defined second sound, but without murmurs.

These are the symptoms, gentlemen, in this case of relapse. Now, I shall proceed to the interpretation of these phenomena by pointing out the symptoms that indicate a relapse of typhoid fever; and, on the other hand, the difference between the symptoms of the relapse and those of the first attack.

The most marked symptom, in the first place, is the temperature. In typhoid fever the characteristic feature is the course of the fever, the gradual ascent of the temperature during the first week, with the evening rise and the morning remission, but each evening higher than the previous day, until the fever reaches its highest point in the second week. This feature is not shown in the relapse. We have seen that the morning temperature of January 8th was 98.4°; in the evening it was 102.4°; then with this morning remission of half a degree, in the evening of the second day we have the highest temperature that has been attained in the case, 105°. This is entirely unlike the history of ordinary typhoid fever. A peculiar feature of the relapse, thus, is the rapid ascent of the temperature. In this case, I repeat, it attained, on the second day of the relapse, the highest point that it had reached in the whole course of the disease. Subsequently, instead of descending by degrees, as in an ordinary attack, it descends rather abruptly, and has no regularity in its return to the normal.

Then we have the re-development of the intestinal symptoms; the enlargement of the spleen; the reappearance of the spots. In reference to these spots, I would say that their appearance so late as the sixth day of the relapse is not common. They are usually an early symptom, coming out on the second or third day. In the original disease you know that from the seventh to the ninth day is the usual time for the eruption of these rose-colored spots. In this case the relapse does not differ so much as in other cases, for very generally in relapses of typhoid fever the spots appear much earlier than in the original attack, and this furnishes a diagnostic point. The nails will hereafter show a distinct ridge of altered nutrition to mark this relapse, but at present they show nothing, except a loss of natural polish. The appearance of a ridge upon the nail, as the result of the attack of typhoid fever, will be followed by a second ridge, indicating the occurrence of the relapse. I will bring him again before you after a few weeks, and you will then be able to distinguish these marks of the disease through which he has recently passed, and from which he is convalescing.

It may be asked, "Is there danger in these relapses?" Do the intestinal lesions or typhoid ulcers break out afresh? Yes, we may have fresh ulceration and hemorrhage, which may be fatal; but it is a curious circumstance that the intestinal lesions that are developed during the relapse run a much more rapid course (just as the fever runs a much more rapid course) than in the primary outbreak. As a rule, however, the intestinal symptoms are less grave. The duration of the relapse is usually about nine days, while that of the first attack is three or four weeks. The ulcers run a more rapid course and cicatrize earlier; therefore they are not so dangerous as in the original attack of typhoid fever.

Does this relapse end the whole case, or may there be subsequent relapses? Gentlemen, it has been my lot to see two cases, each of which had five relapses; therefore they survived six attacks of the disease. This sounds incredible, but I have the temperaturecharts that prove it. Both cases are still living. Therefore relapses are in themselves not necessarily so dangerous to life as one might think. It is bad fortune, certainly, for a patient to have a number of relapses: a man usually considers himself very unfortunate to have a single attack, and doubly so to have a relapse when he thinks that he is convalescent, and begins to congratulate himself upon his return to health; and he is more unfortunate still to have several.

I want to call your attention particularly to the fact that you may have intestinal hemorrhage in this relapse, and to the importance of being on the lookout for it. The necessity of keeping the patient absolutely at rest and care-

fully regulating his diet, will be manifest.

As to the cause of the relapse, they are usually believed to be due to indiscretion in diet; but I am of the opinion that this is not the cause. When I was first visiting physician to this hospital I always, in these cases of relapse, had the forbidden apple or pie diligently searched for, but I must confess that I rarely found it. Indiscretions in diet will, undoubtedly, cause diarrhœa; but they will not cause a return of all the phenomena of typhoid fever. Relapses are not due to indiscretion in diet. what, then, are they due? I can only offer you a probable explanation. It is supposed that the specific germs of the original attack remain in the intestinal tract, and the patient poisons himself by these germs, and the poisoning may take place several times. This theory of the reappearance of the symptoms after the original attack has passed is in harmony with the prevailing ideas, which attribute the causation of typhoid to a specific bacillus, which is present in the intestine during the whole course of the disease, and may persist for an indefinite time after apparent recovery.

As regards the treatment, it is the same as in the original attack. same regulation of diet (principally or exclusively milk); the same precautions as regards the general management as in ordinary typhoid fever; the same measures to allay irritability and promote an antiseptic condition of the intestines should be adopted; and in the relapse they are even more essential. In the original attack he took naphthalin, and he has still some diarrhœa; we will resume the naphthalin (gr. ij every three hours). To this will be added a little opium (a teaspoonful of paregoric), when the bowels are too frequently moved. There is nothing to say with reference to the treatment other than would be said about the original attack. The case is instructive as showing the phenomena of relapse coming on without warning during apparent convalescence.-Medical News.

TYPHUS FEVER—From November 30th to January 20th there occurred in New York city 144 cases of typhus fever, resulting in 44 deaths. The disease is decreasing.

ON THE TREATMENT OF BUBO, AN EXCISION, AND THE ATTEMPT TO SECURE UNION BY FIRST INTENTION OF THE WOUND AFTERWARD.

By Francis Sedgewick Watson, M.D., Boston, Mass.

(Read before the Suffolk District Surgical Society, Boston, December 7, 1892,)

I do not know how common the prac- down to the fascia covering the abdomtice may be amongst the members of this Society to attempt to secure union by first intention of wounds, after the excision of bubo, but I have not found in the literature of the subject many references to this method of treatment, and therefore have thought it worth while to offer the results of my experience in a number of cases treated in this way.

I have treated twenty cases of bubo after the method which the title of this paper describes. In two of them there were buboes in both groins, so that the number of buboes operated on was, in all, twenty-two. In ten, a little less than one-half of them, perfect union by first

intention resulted.

The cases which are reported in this communication were not selected ones, but every bubo that presented itself in my service at the Boston City Hospital was subjected to the same operative treatment, except that the technique of the operations, as will be seen, was variously modified in different instances. This group of cases includes buboes of a syphilitic, chancroidal, gonorrhœal, tubercular and traumatic nature. In all but four of the cases the skin covering the bubo was inflamed, and in some of them the inflammation had gone so far as to cause more or less necrosis of the skin. In every case there was extensive suppuration of the glandular structure constituting the bubo. In but one case (a gonorrhœal bubo) was this suppuration represented by a single abscess cavity.

The conditions, therefore, were exceedingly unfavorable to union of the

wounds by first intention.

In all the operations the following

rules were carefully observed:

r. To remove thoroughly all diseased tissue and to leave, as far as possible, a perfectly healthy surface in every part of the wound. (To secure this it is always necessary to carry the dissection inal muscles; sometimes to expose the femoral vessels, and generally the external inguinal ring.)

2. To excise such portions of the skin as threatened to become necrotic or had

already become so.

3. To curette the under surface of the

skin flaps.

4. To thoroughly swab the whole wound with dry sterilized gauze sponges wet with a solution of corros, sub. I-4000.

In performing these operations one or two precautions should be especially observed. These are, to guard against wounding the femoral vessels and the spermatic cord, and to proceed with especial caution when dissecting about the inguinal ring, lest an unsuspected hernia be wounded. In one case the writer quite unexpectedly came upon a small inguinal hernia upon removing a mass of firmly inherent glands that lay upon the outer aspect of the ring, and narrowly escaped wounding the gut.

Another matter of importance, and one to which I have seen no reference made, is that of tying, as far as possible, the ends of all the lymph vessels that have been divided. In many cases these vessels are greatly enlarged, and are necessarily divided during the operation. If they are not ligated they may exude a large quantity of fluid into the cavity of the wound which lifts up the skin flaps and greatly lessens the chances of securing primary union. The lumen of these vessels was in some instances large enough to admit an ordinary smallsized probe; they ramify throughout the mass of diseased glands and are intimately connected with them. very closely resemble cutaneous nerve branches, but are readily distinguished from them, in that they have a distinct lumen from which a clear fluid exudes, and are of a more yellowish color and present a duller surface.

The details of the operation were

modified in the different cases according to the particular conditions presented, as follows: In cases in which the skin was not at all, or but moderately inflamed, one of the following incisions was made in order to expose the bubo.

1. A crescentic cut, carried well below the area of inflamed skin through the healthy skin. From this line a large flap was dissected up extending to a line well above the diseased glands and exposing them thoroughly. After their removal the flap was turned down again and its edge sutured on the line of the first incision. In some of these cases drainage by means of sterilized strands of silk was provided for through an opening below the line of the incision.

2. A long incision parallel with Poupart's ligament, through the skin across the middle of the swelling. The glands being exposed by dissecting the skin from off them upwards and downwards. After removing all diseased tissue the skin wound was sutured without drainage, in some cases by a buried suture, in others

by the ordinary stitch.

Of these two cuts the first is prefer table, because the glands are more freely exposed by it, but especially because it offers edges of healthy instead of inflamed skin for suture and subsequent

healing.

In cases in which the skin covering the bubo had broken down to a greater or less extent, the last of the two incisions just described was practiced, but modified by dividing it toward its middle so as to form an elipse, which included the area of necrotic skin, and so removed it.

In the particular cases in which this incision was employed there happened to be enough sound skin to allow the edges of the wound to be united after excising the necrotic portion. If the area of skin which has already broken down should be too large to permit this, it would be useless, of course, to attempt to secure union of the wound.

The last modification that was tried in a certain number of cases was that of secondarv suture, the sutures being set at the time of the operation, the wound left open and packed with iodoform gauze, the edges of the wound being drawn together at the end of twenty-four or forty-eight hours, according as the quantity of fluids exuded from the exposed surface was more or less.

This method may be used, whatever the form of the incision may be, and recommends itself especially in this particular class of cases, in that it allows of the free evacuation of fluids after the operation from a surface which it is sometimes difficult to make dry, and from which it is very difficult to remove all wound infecting material.

It must be said, however, that, so far as the results of the operations in this particular series of cases are concerned, no one of these methods of carrying them out was distinctly more favorable than another, failures and successes in securing union by first intention having occurred with each of the various modifications in nearly equal proportions.

In no instance were these operations followed by any deleterious results, and the writer feels justified in urging a more extended trial of this method of treating buboes which are already suppurating than is now in vogue. The one advantage of this method of treatment, when it is successful, over the more usual one of incising and curetting suppurating buboes and letting the wounds heal by granulation, is, of course, the obvious one of being able to discharge the patient well at the end of a fortnight, instead of at the end of from three weeks to two months.

The average duration in the hospital of the ten cases in which the wounds healed by first intention was sixteen days, the shortest was eleven days, the longest twenty-eight. The average duration in the hospital of the twelve cases in which primary union did not occur, and which healed by granulation was

thirty-four days.

It is difficult to say to what special conditions the failures or successes were due in these cases. As has been said, they were not determined by the particular manner of carrying out the operations, nor could they be referred to the actual condition of the buboes or to their nature, for some of those that seemed the most unpromising united by first intention, whilst others in which there seemed every reason to expect success, failed to do so in part, although entire failure did not occur in any, and in the partial failures convalescence was uninterrupted.

The writer advises against the use of solutions of the stronger antiseptics in

the wounds, and thinks it preferable to cleanse the wound cavity by thoroughly scrubbing it with sterilized gauze sponges wet with sterilized water, or with a sterilized weak solution of boracic acid or permanganate of potash. Before suturing the wound, if that plan be adopted at once, it should be made as dry as possible, and finally the wounds should be dressed with large, dry sterilized

gauze dressing. Note.—Since writing the above my colleague at the Boston City Hospital, Dr. H. W. Cushing, has kindly reported to me some additional cases in which he adopted the same method of operating. These are four in number. One of traumatic and one of gonorrhœal originin the two others there was no causation noted. In three of these four cases Dr. Cushing obtained primary union of the wound after thorough excision of the diseased tissue. The average stay of these cases in the hospital was seven-teen days. In nine other cases in which there was no attempt to secure primary union, but in all of which the diseased tissues were thoroughly excised, the average stay in the hospital was twentytwo days, but all of these cases were discharged before healing was complete, - Journal of Cutaneous and Genito-Urinary Diseases.

ANTICHOLERIN.—Klebs has separated from cultures of cholera bacilli a product he calls anticholerin, which he classes with the group of substances designated allotoxines in contradistinction to autotoxines. He has demonstrated that this new product will prevent the development of cholera-organisms upon agar and gelatin, with which it has been mixed, and will check the growth of these organisms in cultures when added thereto. It is not toxic to guineapigs or men, and renders the former immune against cholera-infection. cently in Hamburg thirty-one cases of the severer type of cholera were treated with anticholerin with a death-rate of

67.7 per cent, while the death-rate of one hundred and three cases of the same kind, treated by saline infusion, was 84.5 per cent. The remedy was administered hypodermatically in doses of one c. cm. six or seven times the first day; five or six the second; three on the third; one or two on the fourth.

INDICATIONS FOR THE USE OF CIMI-CIFUGA.-According to Dr. Reed (American Therapeutist, 10 to 30 drops of the fluid extract after meals are used to cure seminal emissions. This has rarely failed in his experience. Half a grain to a grain of the resinoid, cimicifugin. twice a day, has occasionally been found useful in conditions of nervous depression, hysteria and incipient melancholia. Five to 20 drops of the tincture, several times a day, have proved very helpful in scanty menses, especially in maiden ladies; but if repeated, as often as every three hours even, are likely to cause severe headache. This untoward effect he has never seen from the largest doses, such as half a drachm or a drachm of the fluid extract three times a day. Very small doses, as one-quarter of a drop up to 1 drop of the ordinary tincture, repeated every one or two hours, will often promptly relieve a frontal headache due to mental fatigue, or any kind of a headache resulting from pelvic congestion at the menstrual period in women. The same doses are often efficient in preventing abortion when threatened from weakness or passive congestion of the uterus, or from habit at a certain stage of pregnancy. Two or 3 drops of the tinctures of cimicifuga and gelsemium-sometimes 1 drop of each-every hour or two, are among the most certain means of bringing on the menstrual flow when delayed by passive congestion, cold, grief, or other similar cause, and acts similarly with the lochial discharge after parturition. Dragging pelvic pains arising from the same causes may be relieved by the same combination. - Medical Record.

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Editorial.

NORTH CAROLINA INSANE.

Some very interesting facts are brought out in the report of the Superintendent of the North Carolina Insane Asylum, Wm, R. Wood, M.D., for the two years ending November 30, 1892. It shows that during the two years there have been treated in the institution 475 patients, of whom 233 were males and 242 females. There was an average daily population of 304. One hundred and two were discharged as cured, and 22 as improved. The expenses for the two years footed up \$100,778.58, making the cost of taking care of the patients about \$165 per capita per annum. But from this is to be deducted \$18,777.41, the estimated market value of products of the farm, garden and dairy. The expenses of the farm, garden and dairy were \$10,360.41, which leaves a profit of \$8.417 for the two years. This is an important feature in the management of these unfortunate people, for it not only reduces the expense of the institution, but adds greatly to the happiness and

welfare of the patients. They are not assigned tasks or required to work, but are persuaded to do so as a passtime, and only those who are in good physical condition are allowed to do any except the lightest work.

The report says "it has not been our desire to decrease expenses and reduce the individual ratio by the false economy of giving to the patients inferior food and scanty clothing, but, believing, as we do, that a disordered mind demands the best of nourishment under the most favorable auspices, it has been our con stant desire to place before them a diet which would be relished and sustaining. and at the same time build up the waste of brain and muscular tissue."

The capacity of the Asylum is only 204, but, as shown above, there was a constant average population during the two years of 304, while 26 applicants were refused for want of room. The total capacity of the three institutions for the insane in our State is about 1,000, while there are probably in the State 2,500 insane persons, nearly all of

whom, for the sake of economy, as well as humanity, should be cared for in these State institutions, where they can be made comfortable and where favorable cases may, through proper treatment, be restored to their friends and become again useful and self-sustaining citizens

At the meeting of the State Medical Society in Asheville, Dr. Isaac M. Taylor read a paper on "The State Care of All the Insane from an Economic Standpoint," which was published in the Transactions of the Society, and of which extra reprints were made for gratuitous distribution. This paper should be read by every tax-payer in the State, and especially by all to whom is intrusted the making of our laws. We think that some copies still remain in the hands of the Secretary of the State Board of Health, and, if so, may be had by application to Dr. Richard H. Lewis, Raleigh. N. C. Dr. Taylor has estimated that the cost of caring for all the insane of the State not now in the asylums would be about \$130 per capita, and that all the insane of the State could be cared for within the walls of our hospitals for \$352,700 a year, which would necessitate an increase of State tax of four and a half cents on each one hundred dollars worth of taxable property. In other words, a man who pays taxes on \$1,000 worth of property would have to pay forty-five cents extra to the State each year, while the counties expenses would be reduced: for those counties who are maintaining we will not say caring for, their insane in the poor houses are at an annual expense of \$85 for each one, as Dr. Hodges ascertained when preparing a paper which he read at the meeting of the Society in 1890. The actual increase in cost, then, would be only \$45, and the poor unfortunates, who are now under the management of ignorant and unprincipled keepers, with nothing to make their lives happier and more cheerful but everything to make them more

wretched, would be made comfortable, with food plentiful and wholesome, with medical attention and supervision at all times, with employment and amusement as best suited to each individual capacity, and with far greater probability of being restored to health. Let us bear in mind that insanity is a disease, a fearful disease, generally dreaded far more than death itself; that a human being with "a mind diseased" is still a human being; that it is only through God's mercy that we are not as they are; that the State is the common guardian of all her citizens, high and low, rich and poor alike, and if it is right and wise and her duty to care for a portion of this class, it is right and wise and her duty to care for them all.

It is not in keeping with this age of Christianity or with simple humanity that these afflicted people should be confined, as some of them are, in quarters which do not protect them from the rigor of the weather, under the charge of ignorant and superstitious, and often cruel masters, who regard them as beasts to be caged and punished, rather than as afflicted and suffering human beings, who should be pitied and tenderly cared for. Either the State should provide for them all in properly equipped hospitals under the charge of trained and experienced physicians, or each county should be required to provide buildings and nurses and medical attendance suitable and adequate for their comfort and needs. The latter course is altogether out of the question, on account of the enormous expense it would involve, so that we regard the former as the plain duty of our State, and trust that our law-makers may be brought to realize it.

It is officially stated that there were 8,510 deaths in Germany from cholera during the late epidemic, and of these 7,611 died in Hamburg.

APPENDICITIS—ITS TREATMENT

That appendicitis is a disease of such frequent occurrence of late years is not due to the fact that this organ is more often attacked than was the case formerly, but that physicians and surgeons are more on the look-out for the disease and more ready to diagnose it. The affection is kept constantly before our eyes by frequent articles in the medical journals; and so, having this condition in mind, it is the first thing that occurs to one when a patient complains of abdominal pain with nausea and constipation, and more particularly should the excess of pain or its commencement be referred to the right iliac region. In our diagnosis we first direct our whole attention to ascertaining if this very undesirable condition is possibly the cause of our patient's trouble. If we can certainly exclude it, with a sigh of satisfaction we proceed with our usual course of treatment, confident that our patient will soon be relieved. If, however, any doubt remains, we await the result of simple treatment with a watchful eye kept upon every change in the symptoms. It is mainly upon the proper course to pursue in this stage of the disease that the innumerable discussions in the journals bear, and upon which there is so much diversity of opinion, the writers being influenced often, to all appearances, by their being surgeons or physicians. The surgeon generally advises operation as soon as a positive diagnosis is made, and, in cases of doubt, he recommends to remove the doubt by an exploratory operation. In other words, call the surgeon in unless you are certain it is not appendicitis. The physician, on the other hand, is rather opposed to such radical treatment, and places his dependence upon rest in one position, leeches, blisters, opium and saline purgatives, with the application of cold or heat over the sit

of the appendix. He claims that many catarrhal cases recover without even a diagnosis being made, and even when accompanied by ulceration of the mucous membrane. He would trust to therapeutic measures until there be suspected an acute general peritonitis, when the consulting surgeon should be called.

The general practitioner in the rural districts and small towns has to play the double rôle of family physician and surgeon; then which course shall he espouse? It has been proven that in the vast majority of cases of inflammation in this region the trouble arises in the appendix. The danger to life is from an extension of the inflammation to the general peritoneum, perforation or gangrene. The shortest time necessary for the development of any of these conditions is the limit beyond which the patient's life is in great jeopardy. Is it a safe rule to establish that the patient is free from danger up to the second or third day? In a case operated upon by McBurney, forty-nine hours after pain was first complained of, the appendix consisted of a thin walled sac containing a half ounce of fetid pus. Lange found not only perforation, but extensive destruction of the appendix at an operation done the middle of the second day. Study reported a case with death forty-eight hours after pain was first complained of, the autopsy showing profuse purulent peritonitis, with two perforations at the base of the appendix. These cases and many others which might be quoted would lead us to suppose that the early symptoms are often so slight as not to attract attention, and that the disease was really well advanced before the patients were prompted to seek medical aid. How are we to know the true condition of the appendix in the early hours of an attack? It is absolutely impossible with our present knowledge and means of diagnosis, and

we cannot regard any attack of appendicitis as a mild one until it is proven so to be by prompt and permanent recovery. The great mortality in operations for the relief of appendicitis comes from those cases where the operation is postponed until the patient is beyond human aid. He must die, operation or no operation. But notwithstanding the fact that the introduction of antiseptics has rendered surgical procedures in themselves comparatively free from danger it is a serious matter to invade the belly, and no one appreciates this fact more than the general country practitioner, He often meets his case far from his home and out of reach of skilled assistance. He has not the manipulative skill nor the confidence to deal with the many complications that may arise, which daily experience has given to the surgeons of the large cities, and he defers the operation as long as possibletoo long, alas! in many cases. Then some practitioners, even at this date, have not learned the value of antiseptics, or, at least, do not properly employ them. With these the operation would be extremely hazardous, and it would be better far to trust to therapeutic measures, taking the chances of the possible or probable infection of the whole peritoneum through a perforation, rather than establish a certain avenue through an incision.

As in a case of abortion the patient cannot be considered free from danger while any of the products of conception remain in the womb, so in this disease the patient cannot be considered free from danger while the appendix remains; for, even should nature succeed in arresting the process or in shutting it off by adhesions, the cause of the trouble still remains and the inflammation is liable to be lighted up again at any time and prove rapidly fatal. In recurrent cases in which operation was resorted to or a post-mortem was per-

formed, examination has shown a condition of the appendix which has no tendency towards recovery. Fecal concretions, foreign bodies of some sort, organic strictures or dilatation due to pus or catarrhal products are generally present in these cases. There can hardly be two opinions as to the desirability of having such conditions removed by surgical interference.

But if we must not wait for dangerous symptoms to positively be present before we operate, what rule shall we establish that will determine the time for operation? And what therapeutic measures shall we adopt before resorting to the knife? If there is not marked and absolute improvement from medical treatment by the end of twenty-four hours, the belly should be opened with strict, conscientious antiseptic precautions, and the true condition of affairs revealed. If the use of calomel, salines and enemata do not produce free purgation and a marked amelioration of the symptoms, they should not be persisted in, hoping from hour to hour that improvement will take place. The case is one in which temporizing may cost the patient his life. Have we a right, knowing the nature of this disease, and having in our possession means which can render an early operation a procedure of, at least, not great danger, a right to deny the patient the benefits of such operation, or of so magnifying its dangers that the patient and his friends are frightened off and prefer to trust to simple measures and nature?

There is a diversity of opinion among physicians as to the medicinal agents to be used in combatting this disease. Many eminent physicians recommend keeping the patient quiet with opium, some using calomel and saline purgatives and some condemning them. On the other hand, some equally as eminent think opium has no place in this condition, but that cases recover more often

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and more satisfactorily without it. These latter keep the bowels free from the accumulations of gas and feces by purgatives and enemata. All agree in keeping the patient quiet in bed and on liquid diet,

The use of morphia hypodermatically for the relief of pain is in some cases absolutely necessary, and to withhold it would be inhuman; but it should never be employed to the extent of masking the true condition of the patient and of building up in his and his friends' minds, and often in the physician's, a false belief that there is a real improvement, The fatal process may be going on uninterruptedly, though unnoticed, behind the curtain of the patient's benumbed sensibilities, the evidences of which progress would be apparent without the narcotic and would lead the physician to adopt more radical treatment,

We have been much impressed by a paper which appeared in a recent number of the *Therapeutic Gazette*, from the pen of Dr. William Easterly Ashton, in closing which the author presents the following conclusions:

- That we must consider all cases of appendicitis as being imminently dangerous to life from the beginning of the attack, as there are no means of determining the exact pathological conditions present at the seat of disease.
- 2. That operative interference is indicated in mild cases, if medical treatment fails, within twenty four hours, to produce a decided improvement in the symptoms.
- That all cases of recurrent appen dicitis should be operated upon as soon as the diagnosis is clear,
- 4. That increasing pain in the right iliac fossa, rapid pulse, continued elevation of temperature, tumor and tympany are conditions indicating immediate operation.
- 5. That it is unsafe to wait before operating for the development of symp-

toms indicating gangrene or perforation of the appendix, pus, bowel obstruction or peritonitis.

GRADUATED SANITARIA.

Dr. S. Westray Battle read a paper before the Buncombe County Medical Society recently in which he calls attention to the unique advantages of climate offered by the mountainous section of North Carolina. He speaks of Asheville's world-wide reputation as a resort for phthisical patients, but no one place can fill all the requirements or indica tions for the scientific treatment of this class of sufferers. Some of the higher table-lands of the Blue Ridge and Great Smokies seem to offer Asheville's climatic influence in an intensified degree. The Asheville or Apalachian Plateau is an elevated table-land, of somewhat triangular shape, embracing some six thousand square miles, and having a general elevation of about two thousand feet, though there are points near the city a thousand or fifteen hundred feet higher. It is upwards of one hundred and fifty miles long, with an average width of fifty miles. Hills, valleys, rivers and forests so diversify this intramontane expanse as to make it lovely and restful to the eye beyond the power of pen to portray.

The climate of this plateau may be called a medium altitude, dry, all-the-year-round climate, enjoying peculiar advantages and many attractive features by reason of its geographical situation. Observations for eight years show the mean temperatures to be—for Spring 53.49, Summer 70.72, Autumn 53.48, Winter 38.87, whole year 54.14.

A series of sanitaria with elevations varying from 1,200 to 6,000 feet might be established in this highly favored plateau, and he suggests as desirable points—1st, Tryon City, with an altitude of 1,500 feet, and situated in the famous

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thermal belt, where the meteorological conditions are so modified by the southern slope and mountain barriers on the north, and so different from the circum. jacent territory that the effect on vege. tation is startling; 2d, Asheville, at 2,350 feet elevation, as a medium altitude; and 3d, Craggy, a spur of the Blue Ridge, with 6,000 feet elevation, as the point par excellence for an elevated sanitary station. Craggy is but eighteen miles east of Asheville, has several hundred acres of almost level land which seem to invite such an enterprise. With no flies or mosquitoes, plenty of sunshine, cold, crystal-like free stone water. and a summer temperature of 65 to 68, a more inviting spot would be hard to imagine.

These are simply examples of many resorts where sanitaria might be established. Summer tourists to Western North Carolina are quite familiar with such places as the Sparkling Catawba Springs, beautiful Highbriten, Linville, at the foot of the Grandfather, with its charming Eseeola Inn, Blowing Rock, the highest incorporated town east of the Rockies, having an elevation of 4,000 feet, the beautiful Roan Mountain, Round Knob, Cæsar's Head, Hendersonville, Waynesville, Hot Springs, and many others, representing altitudes ranging from 1,200 to 6,300 feet above sea-level. Truly may the author say this plateau is destined to become the great sanitarium of our eastern country.

KISSING THE BOOK,

The custom of swearing witnesses by requiring them to "kiss the Book' has become a much discussed topic among the medical press of England. It is a matter which should have the attention of the law-makers in this country also, for while we believe a witness may be sworn either by "kissing the Book" or with uplifted hand, the vast majority are

told to "kiss the Book," and it is passed from hand to hand, and the process gone through with in silent submission to the command of the august officer. Some never allow the book to touch the lips at all, but the great majority bring it into actual contact, and even leave it moistened with the saliva from their mouths. When we consider the vast number of hands through which these books pass, and the character of the lips which press them, the idea of decent people having to do likewise is revolting. Perhaps a person would be excused from swearing in this way should he object, but many do not think of the danger of infection they run, and if they do, would not dare incur the displeasure of the court. The possibility of disease being communicated from one person to another in this way cannot be disputed. Then why subject any one to the risk. The public drinking fountain, with a common dipper from which all who quench their thirst must drink, has been severely criticised as a carrier of disease, but the dipper has an advantage in that the disease germ may be washed away by the flowing water, while the Book is handled by foul hands and pressed to the contaminated lips of syphilitics and consumptives year after year, becoming more and more filthy with the accumulation of grease and dirt; and when usage and the destructive action of the decomposing organic matter causes the binding to give way, the Book is not replaced by a new one, but a cord is tied about the leaves and backs and it continues in service, probably making the oath more binding by its antiquity.

But wherein is an oath more binding or more solemn because a Bible is kissed than when made in any other way? Why is not the simple "I swear" by the witness in the presence of the court and jury all-sufficient, or, if a form is neces sary, why require anything more than I 26 Editorial.

the uplifted hand? Away with the unclean custom of "kissing the Book.' Do not impose it upon those who, through awe or ignorance, do not demand to be sworn in some other way, but abandon the practice altogether in every case, and so avoid a possible, indeed a very probable, source of contagion.

SOUTHERN MEDICAL COLLEGE ASSOCIATION.

Delegates from fifteen Southern medical colleges recently convened in Louis ville and effected the organization of the Southern Medical College Association. In July last a conference was held in Nashville and Drs. W. T. Briggs and C. C. Savage were appointed a committee to formulate a plan for the formation of a college association. The plan as presented by these gentlemen at the recent Convention was heartily endorsed and a committee appointed to consider the following points:

- I. Shall we effect an organization of Southern Medical Colleges?
- 2. Shall we extend the time of attendance on lectures to three courses?
- 3. What shall be the preliminary requirements of students, and how shall they be ascertained?

The report of this committee was unanimously adopted, and provides for three sessions of six months each, to be attended in three different years. To matriculate, a student must be possessed of a diploma from a literary school, a certificate from a high school or a second-class teacher's certificate from his county superintendent of education. These regulations go into effect with the session of 1893-4.

The following are the officers of the Association: Dr. J. M. Bodins, of Louisville, President; Dr. W. D. Haygood,

of Nashville, Vice-President; Dr. G. C. Savage, of Nashville, Secretary and Treasurer. The meetings of the Association are to be held at the same time and place as those of the Southern Surgical and Gynecological Association, unless otherwise ordered by the President.

THE APPROACHING MEETING OF THE MEDICAL SOCIETY.

We desire again to call the attention of the profession to the meeting of the North Carolina Medical Society at Raleigh, in May next. This meeting at the capital city promises to be one of especial interest, and every physician should exert himself to be present and take an active part in its deliberations. This annual meeting together of the physicians of the State and the consequent interchange of thought and experience, independent of the literary and clinical benefits derived, is always a source of inspiration. New friendships are formed, fresh ideas are imbibed and the profession is strengthened and elevated each recurring year. Some of the distinguished men of our profession from other States have been invited to attend, not to advertise themselves, or, perhaps, their respective colleges or hospitals, but simply to confer with us upon the vital interests pertaining to the profession at large. This, however, should only stimulate us to greater zeal and more effective scientific work at our approaching sessions.

We hope to see representatives present from every town and county in our State, for it has been apparent now for a number of years that the best informed and most progressive, of our physicians are always found in attendance upon these annual meetings.

THE NATIONAL QUARANTINE LAW.

Below we give in full the Quarantine Bill which has passed both houses of Congress. It is the bill as originally passed by the Senate. The lower house passed an independent bill which was sent to the Senate, and which was there amended by striking out everything after the title of the act and substituting the original Senate bill. As thus amended it went back to the House and the amendment concurred in. Should this country have to resist an epidemic of cholera the coming summer, we predict that the next Congress will make some radical changes in this law:

An Act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That it shall be unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States except in accordance with the provisions of this act and with such rules and regulations of State and municipal health authorities as may be made in pursuance of, or consistent with, this act; and any such vessel which shall enter, or attempt to enter, a port of the United States in violation thereof, shall forfeit to the United States a sum, to be awarded in the discretion of the court, not exceeding five thousand dollars, which shall be a lien upon said vessel, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

Sec. 2. That any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the consul, vice-consul or other consular officer of the United States at the port of departure, or from

the medical officer where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules and regulations in such cases prescribed for securing the best sanitary condition of the said vessel, its cargo, passengers and crew; and said consular or medical officer is required, before granting such duplicate bill of health, to be satisfied that the matters and things therein stated are true; and for his services in that behalf he shall be entitled to demand and receive such fees as shall by lawful regulation be allowed, to be accounted for as is required in other cases.

The President, in his discretion, is authorized to detail any medical officer of the Government to serve in the office of the consul at any foreign port for the purpose of furnishing information and making the inspection and giving the bills of health hereinbefore mentioned. Any vessel clearing and sailing from any such port without such bill of health, and entering any port of the United States, shall forfeit to the United States not more than five thousand dollars, the amount to be determined by the court, which shall be a lien on the same, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

Sec. 3. That the Supervising Surgeon General of the Marine-Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, cooperate with and aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the

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United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia; and all rules and regulations made by the Secretary of the Treasury shall operate uniformly and in no manner discriminate against any port or place; and at such ports and places within the United States as have no quarantine regulations under State or municipal authority, where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secretary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and when said rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and enforced by the sanitery authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State or municipal authorities shall fail or refuse to enforce said rules and regulations, the President shall execute and enforce the same and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose.

The Secretary of the Treasury shall make such rules and regulations as are necessary to be observed by vessels at the port of departure and on the voyage, where such vessels sail from any foreign

port or place to any port or place in the United States, to secure the best sanitary condition of such vessel, her cargo, passengers and crew; which shall be published and communicated to and enforced by the consular officers of the United States. None of the penalties herein imposed shall attach to any vessel or owner or officer thereof until a copy of this act, with the rules and regulations made in pursuance thereof, has been posted up in the office of the consul or other consular officer of the United States for ten days, in the port from which said vessel sailed; and the certificate of such consul or consular officer over his official signature shall be competent evidence of such posting in any court of the United States.

Sec. 4. That it shall be the duty of the Supervising Surgeon General of the Marine-Hospital Service, under the direction of the Secretary of the Treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act, and to obtain information of the sanitary condition of foreign ports and places from which contagious and infectious diseases are or may be imported into the United States, and to this end the consular officer of the United States at such ports and places as shall be designated by the Secretary of the Treasury shall make to the Secretary of the Treasury weekly reports of the sanitary condition of the ports and places at which they are respectively stationed, according to such forms as the Secretary of the Treasury shall prescribe; and the Secretary of the Treasury shall also obtain, through all sources accessible, including State and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States, and shall prepare, publish and transmit to collectors of customs and to State and municipal health officers and other sanitarians weekly abstracts of the consular sanitary reports and other pertinent information received by him, and shall also, as far as he may be able, by means of the voluntary cooperation of State and municipal author ities, of public associations and private persons, procure information relating to the climatic and other conditions affecting the public health, and shall make an annual report of his operations to Congress, with such recommendations as he may deem important to the public interests.

Sec. 5. That the Secretary of Treasury shall from time to time issue to the consular officers of the United States and to the medical officers serving at any foreign port, and otherwise make publicly known, the rules and regulations made by him, to be used and complied with by vessels in foreign ports, for securing the best sanitary condition of such vessels, their cargoes, passengers and crew, before their departure for any port in the United States, and in the course of the voyage; and all such other rules and regulations as shall be observed in the inspection of the same on the arrival thereof at any quarantine station at the port of destination, and for the disinfection and isolation of the same, and the treatment of cargo and persons on board, so as to prevent the introduction of cholera, yellow fever or other contagious or infectious diseases; and it shall not be lawful for any vessel to enter said port to discharge its cargo or land its passengers, except upon a certificate of the health officer at such qurantine station certifying that said rules and regulations have in all respects been observed and complied with, as well on his part as on the part of the said vessel and its master, in respect to the same and to its cargo, passengers and crew; and the master of every such vessel shall produce and deliver to the collector of customs at said port of entry, together with the other papers of the vessel, the said bills of health required to be obtained at the port of departure and the certificate herein required to be obtained from the health officer at the port of entry; and that the bills of health herein described shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the United States over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the United States.

Sec. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the Secretary of the Treasury may remand said vessel, at its own ex-

pense, to the nearest national or other quarantine station, where accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers and cargo: and after treatment of any infected vessel at a national quarantine station. and after certificate shall have been given by the United States quarantine officer at said station that the vessel. cargo and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named within the certificate. But at any ports where sufficient quarantine provision has been made by State or local authorities the Secretary of the Treasury may direct vessels bound for said ports to undergo quarantine at said State or local station.

Sec. 7. That whenever it shall be shown to the satisfaction of the President that by reason of the existence of cholera or other infectious or contagious diseases in a foreign country there is serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defense, this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate and for such period of time as he may deem necessary.

Sec. 8. That whenever the proper authorities of a State shall surrender to the United States the use of the buildings and disinfecting apparatus at a State quarantine station, the Secretary of the Treasury shall be authorized to receive them and to pay a reasonable compensation to the State for their use, if, in his opinion, they are necessary to the United States.

Sec. 9. That the act entitled "An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a national board of health," approved March third, eighteen hundred and seventy-nine, be, and the same is hereby, repealed. And the Secretary of the Treasury is directed to obtain possession of any property, fur-

niture, books, paper or records belonging to the United States which are not in the possession of an officer of the United States under the Treasury Department which were formerly in the use of the National Board of Health or any officer or employee thereof.

THE RECENT PUBLIC HEALTH LAWS.

In the next issue of the JOURNAL we will publish and discuss the most salient and important points relative to the Public Health Laws recently enacted at the present session of the Legislature. At present we are not sufficiently acquainted with the modifications and amendments, as enacted, to discuss them intelligently.

THE SOCIETY PRIZES.

Essays for the Society prizes should be sent to a member of the committee on the prize for which the essay is intended before the meeting of the Society, The essay must be signed with a nom de plume only, and be accompanied by a sealed envelope containing the nom de plume and the real name of the writer of the essay.

The following named gentlemen compose the two prize committees:

Pittman Prize .- Drs. D. W. Bulluck,

Wilmington, H. T. Bahnson, Saleni, T. D. Haigh, Fayetteville.

Duffy Prize. — Drs. N. B. Herring, Wilson, D. McBryde, Maxton, and Duncan Smith, Athens.

THE ANNUAL DISCUSSION.

Dr. D. W. Tayloe, of Washington, the Leader of Debate for 1893, announces as the subject chosen for the Annual Discussion, "Rheumatism." We trust members of the Society will go to the meeting prepared to take part in the discussion.

SMELLING BOTTLES FOR COLD IN THE HEAD.

Dr. Tucker Wise (Med. Record) has found the following highly satisfactory: Fill a wide-mouthed ounce bottle with coarsely powdered carbonate of ammonia, and add eucalyptia 3 ss., dissolved in spirits of chloroform (double strength). 3 iss. This bottle should be applied to the nose as ordinary smelling salts every half-hour, and the pocket-handkerchief used gently, when absolutely required, not violently trumpeting the nasal organ on every occasion that the passage becomes blocked. With the addition to this simple treatment a hot foot-bath may be taken, and steam inhalation at night.

Reviews and Book Motices.

Handbook of Insanity for Practitioners and Students. By Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum and Privatdocent at the University of Kiel. Illustrated with eleven plates 8vo., pp. 362. New York: Wm. Wood & Co., 1893.

This volume inaugurates the series which is to be published by this firm under the title of "The Medical Practitioners' Library." These volumes, of special interest to practicing physicians, will be bound in extra muslin and in flexible morocco, and will be sold separately.

This initial number is upon a timely subject, and we can heartily recommend a study of it to all members of the profession.

It is divided into two parts, the first being devoted to general anatomical considerations and the location of mental disturbances as well as the general principles involved in the diagnosis, course and treatment of mental disorders, and closing with a chapter on the history of psychiatry.

In the second, or special part, a clear and satisfactory classification of insanity is presented, followed by a description of simple mental disorders, and the discussion of these as associated with per manent anatomical changes in the brain or with general diseases.

This work covers the ground in a very systematic and practical manner, and the eleven plates, comprising fortyfive photo-engravings, elucidate very forcibly the facial peculiarities observed in various types of insanity.

The author devotes considerable space to some subjects that ordinarily receive but scant notice, such as the advantages of asylum treatment, the introduction and use of non-restraint, the employment of hypnotics, the so-called family care of patients, etc.

The section devoted to "the diagnosis of mental disorders and their border lines" is probably the most interesting and valuable in the book, the author recognizing that a psychiatric diagnosis is in the main a psychological one.

The Modern Antipyretics; Their Action in Health and Disease. By Isaac Ott, M.D., former Lecturer on Experimental Physicology, University of Pennsylvania; exFellow in Biology, Johns Hopkins University, etc., etc. Second edition Pp. 124. Easton, Pa.: E. D. Vogel, 1892.

The exhaustion of the first edition of this work has necessitated this second edition, which has been revised and enlarged. In this volume the author has gone more fully into the subject of heat and heat-regulation prior to entering upon the study of the modern antipyretics. He first treats of the chemical constituents and how they act physiologically in order to determine their therapeutic activity and their toxicological effects. All the latest data have been incorporated, and the more practical subjects have been elaborated to a considerable extent.

The style of writing employed is vigorous and forceful, and the comparative merits of the different antipyretics is discussed in a scientific but practical manner.

This book will yet reach another edition.

Diseases in Ohildren. A Manual for Students and Practitioners. By James Carmichael, M.D., F.R.C.P. Ed., Physician Royal Hospital for Sick Children; University Lecturer on Disease in Children, Edinburgh. Pp. 583. New York: D. Appleton & Co., 1892.

This Manual, illustrated with thirtyone charts, and founded upon the basis of the author's experience in public and private practice and as a clinical teacher, is a valuable addition to the study of pediatrics. The book is divided into forty-five chapters, and the type is large and handsome.

The author assumes that the reader is acquainted with general medicine and the diseases of adult life, and has made no attempt to give a detailed account of symptoms and physical signs, but deals more especially with the clinical features of the more common diseases met with in children.

He shows in a clear, but brief manner, how the antomical and physiological characteristics of the periods of infancy and childhood tend to modify in many ways the features and clinical relations of disease in children.

In the chapter on "Dentition and its Attendant Disorders," he very successfully combats the popular idea that has long been prevalent that dentition is directly the cause of many of the disorders occurring during its course.

The articles on "Lactation" and "Artificial Feeding," are also well-considered, and should correct many prevailing erroneous ideas. In so full and comprehensive a volume, however, we are surprised to find no allusion to Ophthalmia Neonatorum. Almost every other subject relating to infancy and childhood is treated in a masterly manner.

Manual of Practical Medical and Physiological Chemistry. By Charles E. Pellew, E. M. Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons (Medical Department Columbia College), New York; Honorary Assistant in Chemistry at the School of Mines, Columbia College, etc. With Illustrations. Cloth. Octavo. Pp. 307. D. Appleton & Co., New York, 1892.

This work is a revision of the author's thirty lectures which comprise the course in medical chemistry at the College of Physicians and Surgeons. It is arranged in nine parts or divisions, treating re-

spectively of the Carbohydrates, the Fats and Fixed Oils, the Proteids of Albuminous Bodies, the Inorganic Constituents of the Body, Water Analysis, Animal Tissues and Secretions, the Digestion, the Urine and Microscopical Examination of the Urine. There are appended tables of weights and measures; tables of atomic weights; lists of reagents, apparatus and the extra material required for each lecture.

This course of lessons is the outcome of the author's endeavor to furnish medical students with a knowledge of chemistry which they would find practically useful as physicians. The author has skilfully gathered into these lessons only that portion of chemistry which bears upon the student's other work, and each lesson is concluded by directions for laboratory experiments on the subjects covered by the lesson. book is evidently intended for the use of students at the College of Physicians and Surgeons, and will prove invaluable to them. It would also prove valuable to practitioners who desire a very practical and plain treatise on medical chemistry.

International Olinics, A Quarterly of Clinical Lectures on Medicine, Neurology, Pedia trics, Surgery, Genito-Urinary Surgery, Gynæcology, Ophthalmology, Laryngology, Otology and Dermatology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M.D., Colorado Springs, Col.; Judson Doland, M.D., Philadelphia; J. Mitchell Bruce, M.D., F.R.C.P, London, and David W. Finlay, M.D., F.R.C.P., Aberdeen, Scotland. Large 8vo Cloth. J. B. Lippincott Co. Philadelphia

The first three volumes of the second series of this valuable work have been received and are so replete with excellent articles that one is hardly able to decide to which he shall call attention. The Editors have used such care in the selection of matter for these volumes

that any physician or surgeon, be his practice general or special, will find much to interest and instruct him, All of the sections enumerated in the title are represented by several articles. We give a few titles of papers, with their authors, simply as evidencing the general character of the contents: Pulmonary complications of Influenza, by J. M. DaCosta, M.D., LL.D.; On Some of the Clinical Types of Cirrhosis of the Liver, by David Drummond, M.A., M.D. (T.C.D.); Empyema and Its Treatment by Valvular Drainage, by A. M. Phelps, M.D.; Diphtheritic Paralysis, by Hector W G. Mackenzie, M.A., M.D.; General Paresis, by B. Sacho, M.D.; Hydrocele, by Charles T. Parkes, M.D.; Dermoid Cyst of the Right Ovary, by William Goodell, M.D.; Ocular Symptoms in Bright's Disease, by Thomas R. Pooley, M.D.; Benign Growths of the Larvnx. by G. M. Lefferts, M.D.; Myxœdema, by Thomas Oliver, M.A., M.D.; Hip-Joint Disease; Cystic Tumor of the Neck, by John Ashhurst, M.D.; Stone in the Kidney, by Robert Saundby, M.D., F.R.C.P.; Chronic Ovaritis and Its Treatment, by Alex. J. C. Skene, M.D.; Some Common Forms of Diseases of the Ear, by Chas. H. Barnett, M.D.; Congestion of the Kidneys-Rheumatoid Arthritis, by William Pepper, M.D.; Some Types of Melancholia, by George H. Rohé, M.D.; Retained Placenta, by Kennith N. Fenwick, M.D.; Hemianopsia and Hemianopia, by William Oliver Moore, M.D.; Nasal Polypus-Technique of Electro-Cauterization for Hypertrophic Rhinitis, by W. E. Casselberry, M.D.

The second volume contains a biographical sketch of the late Dr. David Hayes Agnew, from the pen of Dr. Jno. Ashhurst, Jr., with a portrait. Many of the lectures are illustrated.

Charaka-Samhita.

We have received the fourth fasciule of this very interesting work. Charaka

and Susruta are the acknowledged authorities on Hinder medicine. They are written in Sanskrit, but their true, philosophical and weighty deliverances are being given to the English-speaking world, through the labors of Avinash Chaudra Kaviratna, a distinguished physician of India. It is a great and laborious work he has undertaken, and will be duly appreciated by all who feel an interest in the history of the healing The translator has added many foot-notes alluded to in the text, and giving the English and botanical equivalents for the names of Indian drugs. We would suggest to those of our readers who desire to secure a copy of this valuable work to address the translator-Avinash Chandra Kaviratna, 200 Cornwallis St., Calcutta.

An Illustrated Encyclopædic Medical Dictionary, Being a Dictionary of the Technical Terms Used by Writers of Medicine and the Collateral Sciences, in the Latin, English, French and German Languages. By Frank P. Foster, M.D., Editor of the New York Medical Journal, Librarian of the New York Hospital. With the Collaboration of William C. Ayers, M.D., New Orleans; Edward B. Bronson, M.D., New York; Charles Stedman Bull, M.D., New York; Henry C. Coe, M.D., M.R.C.S., L.R.C.P., New York; Andrew F. Currier, M.D., New York; Alexander Duane, M.D., New York; Simon H. Gage, Ithaca, N. Y.; Henry J. Garrigues, M.D., New York; Charles B. Kelsey, M.D., New York; Russell H. Nevins, M.D., New York; Burt G. Wilder, M.D., Ithaca, N. Y. Vol. III. New York: D. Apple. With Illustrations ton & Co., 1892.

This volume consists of seven hundred and sevenry-six quarto pages, and embraces all between the words "fascia" and "minjak-lagam," the pagination being continuous with the preceding volumes, beginning with 1545 and ending with 2320.

The making of a dictionary of such proportions as this one is truly a prodigious undertaking, and the whole medi-

cal world are under obligations to the able, earnest and scholarly Foster for the excellence of his works, which will make this great dictionary, when completed, occupy a similar place in medicine and the collateral sciences that Brittanica occupies in the general literary world. The busy reader has a word or subject brought before him upon which he desires enlightenment, and quickly turning the pages of his encyclopædia he gains the desired information and returns to his reading with scarcely even a thought of the enormousness of the labor and endless research that was necessary to place within his easy grasp that great store of information. As an evidence of the vast amount of work done by Dr. Foster and his renowned colaborers, on passing from page to page of the volume in hand, we notice fourteen solid columns in small type, devoted to "fever" alone. Under this head the varieties of fever and their synanyms defined and having their distinguishing symptoms given are no less than six hundred and fifty-three! "Forceps" requires for the definition, description and illustration of the different varieties ten columns. "Gland' requires twelve columns, "mercury" seven columns, "hydrargyreum" eight, and "ganglion" nine.

There are many excellent cuts, and the mechanical work is superb. We congratulate the Editor upon his progress in his work, and trust no unforeseen thing may prevent its completion under the present management.

Drifting, By Vigilans, Printed and for sale by the Chain & Hardy Co, Denver, 1892, Price 50 cents.

This is a cleverly told story of a young man who left his father's farm and went to New York to acquire an education and some knowledge of the world. His experiences in Gotham are strange and exciting, and will serve to pass the time pleasantly during a railway journey or on a long buggy ride. We will leave our readers to follow the young man's exploits and meet his strange acquaintances in the pages of the book. It is printed in large clear type, on nice paper, and the book is finely bound, with paper cover.

A Text-Book of Practical Therapeutics with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare M.D., B Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London, etc.; President of the Section of Therapeutics in the Pan American Medical Congress. Third Edition. Enlarged and Thoroughly Revised. Cloth \$3.75; leather \$4.75 Philadelphia, Lea Brothers & Co., 1892.

The fact that within two years a third edition of this work is made necessary, is sufficient evidence of exceedingly great popularity; and its popularity was not more general than the work merited. The first two editions were fully noticed in this, and it only remains for us to assure our readers that the author has increased the usefulness of the book by incorporating the most recent investigations concerning the newer drugs, such as Salophen, Piperazine, Diuretin, Euro. phen, Dernatol, Terpinol, the Salts of Strontium, etc. He has regarded the need of the busy practitioner and student for conciseness, and has given only those statements which experience have proven to be most useful in practice. We will remind our readers that the drugs are arranged in alphabetical order for ready reference, as are also the diseases. A table giving the classification of drugs according to their most important therapeutic action has been added to Part I., devoted to General Considerations. The publishers have issued the book in excellent form, and we bespeak for it the same favorable reception that was given the two previous editions,

DIET IN OBESITY.—Dr. Towers Smith gives the following rules (Med. Times):

First Period, Fourteen Days.

Breakfast: Tea or coffee, with saccharin, if desired, in lieu of sugar; bread or biscuits made from soya bean, two ounces; grilled with fish or red meat, kidneys.

Lunch: Cut from joint of beef or mutton, taking no fat, and one helping of green vegetables, avoiding only peas, beans and all roots; soya bread or bis-

cuit, one ounce.

Dinner: Clear soup, white fish, red meat, green vegetables as lunch; soya bread or biscuit, one ounce.

Drink.

First thing on waking: Tumbler oi hot water with slice of lemon.

II a. m.: Cup of bovril or clear

soup.

Lunch: Two glasses of claret or one ounce of whiskey with potash water.

5 p. m.: Cup of bovril or clear soup. Dinner: Two glasses of still hock or claret, or whiskey or potash.

Bedtime: Cup of bovril or clear

soup.

Mustard, pepper, salt, Harvey's sauce, may be taken.

Second Period, Twenty-One Days.

Addition to No. 1: Oysters, tongue, stewed fruit, with saccharin; poultry, game.

Third Period, Thirty-One Days.

Additions to No. 2: Toast in place of soya bread, for each meal, two ounces, savory jellies, aspic of prawns, plovers' eggs, jelly.

Dessert: A small quantity of fruit;

blue mould Dorset cheese.

DIET IN DIABETES.—The following rigorous diet is recommended by Dujardin-Beaumetz, of Paris: Eggs, fish, meats of all kinds, poultry, game, oysters, fish and cheese.

All green vegetables are permitted except beets, carrots and beans.

Fatty foods are recommended, such as sardines in oil, herring, lard, goose-

grease, ham-fat and caviar.

All soups are permitted, when made of meats in combination with cabbage, poached eggs and onions. Put no bread or toast in the soup.

Only dietic breads are to be used and

saccharine in place of sugar.

All starch foods are strictly forbidden, as sweet fruits, pastries and chocolates.

Patients may drink claret wine diluted with Vichy, but no poor wines, liquors or spirits.

Daily exercise morning and evening in open air; fencing and gardening and other light exercise.—*Medical Mirror*.

WHEN AND WHERE NOT TO USE DIGITALIS IN VALVULAR DISEASE OF THE HEART.—Dr. W. C. Dabney. in a recent clinical lecture at the University of Virginia, made the following remarks upon a case of valvular disease in a man about seventy years of age (Vtrginia Med. Monthly, January, 1893):

The indications for treatment are perfectly plain. We want to increase the nutrition of his heart as far as possible, and to stim late the muscle to more vigorous contraction; and there are three remedies which are useful in this condition, and which I propose to give him in combination—they are iron, arsenic and strychnine. Of these, strychnine will do him more immediate good than either of the others, but I think the iron and arsenic will improve his nutrition somewhat.

You will observe that I do not give him digitalis, and I have several reasons for not doing so: in the first place, he has no dropsy; secondly, he is passing an abundance of urine, and so long as a patient with organic heart trouble of this kind is passing urine in abundance, he rarely, if ever, needs digitalis.

But besides this, this old man has very hard, chalky and brittle vessels, and such vessels are much more liable to rupture than if they were healthy; now, digitalis increases the blood pressure, and, of course, any increase in the blood

pressure increases the danger of rupture of a vessel in the brain, or apoplexy.

In any case of cardiac disease, when compensation is failing and dropsy occurs, digitalis is *invaluable*. I am now attending a case in which the gravest symptoms were present—great dyspnœa, pulsation of the jugulars, dropsy and a scanty flow of urine; under the use of digitalis the flow of urine has increased very greatly, the dropsy has diminished, the heart's action has become far more regular and the dyspnœa is far less troublesome.

But I will show you now a case which you have seen before, and I want you to see the effect of the digitalis which we gave this woman. It is not a "heart" case, it is true; but what I want to illustrate just now is the effect of digitalis in certain cases of dropsv. This woman's urine, as you see, still contains a great deal of albumen; but see how greatly the dropsy has diminished since she was here a week ago. She has been taking during that time I gr. of digitalis, I gr. of squills and 2 grs, of nitrate of potash three times a day. See how much clearer the urine is before I treat it than it was a week ago,

If you will just remember two or three points I think you will readily understand under what circumstances digitalis indicated in heart or other diseases. Remember, first, that the amount of urine discharged depends, in great measure, on the blood pressure in the arteries; remember, secondly, that in all cases of dropsy from cardiac disease the arterial pressure is diminished; and, lastly, remember that digitalis increases the blood pressure more than any other drug of which we have any knowledge.

THE MEDICAL TREATMENT OF ACUTE TONSILLITIS AND PHARYNGITIS.—Dr. Jas. E. Newcomb (Jour. Am. Med. Asso.) has, in a series of one hundred and sixtynine cases of acute tonsillitis and pharyngitis, studied the comparative results obtained from salol, guaiac and salicylate of soda. The cases are divided into (a) those in which treatment was begun before the third day, (b) those in which treatment was begun after the third day. In regard to the nature of the diseases reference is only made, under the head of "pharyn-

gitis," to the various aspects of the catarrhal inflammations. Under "ton-sillitis" he includes the lacunar and parenchymatous forms of the disease, also peri-amygdalar cellulitis, or quinsy. The three remedies are studied as to their rapidity in relieving pain.

Of the 169 cases 81, or 48 p. c., were treated with salol and experienced relief in an average of 14\frac{1}{2} hours; 44, or 26 p, c., with guaiac, had relief in 17\frac{1}{3} hours; and 44, or 26 p. c., with salicylate

of soda, in $18\frac{1}{2}$.

Of the 81 treated with salol, 36 coming under class (a) the average number of hours before relief was 12; 15 under class (b, average number of hours 14; 30 under class (c) average number of hours 18.

Of the 44 treated with guaiac, 20 under class (a) had relief in an average of 18 hours; 10 under class (b) in an average of $23\frac{1}{2}$ hours; 14 under class (c) in an average of 11 hours.

Of the 44 treated with salicylate of soda, 15 under class (a) had relief in 24 hours; 12 under class (b) in 17 hours,

and 17 in class (c) in 15 hours.

All of these remedies failed completely in some cases. He recommends giving salol in doses of 5 grains every two hours suspended in mucilage—60 grains per day. He concludes with the following views:

I. I believe that in salol we have a remedy which, in the vast majority of cases, will give relief quicker than any other. Occasionally it utterly fails. Where it does so I have found that iron tincture with potassic chlorate seems to be the best substitute. It is my conviction that this latter combination finds its best field in those patients who have already had many previous attacks, and in which there is more or less of an interstitial deposit of connective tissue in the mucous membrane. Salol is to most patients far more agreeable than sodium salicylate, and vastly more so than the nauseating guaiac.

2. If peri-amygdalar infiltration has already set in, it is an open question in every case as to whether we shall be able to prevent suppuration. An incision is, I believe, indicated wherever there is engorgement, even though no pus has yet formed. The latter rarely comes before the fourth day. If it is not found, no especial discomfort, then

or thereafter, results to the patient from the incision, particularly if a little cocaine is used. The incision should be made where the pus is most likely to form, viz: high up, in front of and above the pillars, far more commonly the anterior.

3. If pus is present, free incision towards the median line is indicated. It should be followed by a hot bicarbonate of soda gargle, together with poultices on the outside.

4. Care should be taken to thoroughly open the bowels with a mercurial and a saline at the commencement of treatment in any case.

THE HYDRIATRIC TREATMENT OF TY-PHOID FEVER IN PRIVATE PRACTICE .-Dr. Chr. Sihler (Medical News) refutes the objection to the Brand method of treating typhoid fever that the German and French statistics being largely from the military hospitals, we have no warrant for believing that our own delicate private patients will react as well to the baths as the strong and hardy European soldiers. When will there be an end to the objections against this method? The reasonable ones have been answered to the satisfaction of scientific medicine, but an indefinite string of unreasonable ones still remain to be answered. Meanwhile the typhoid fever patients in the United States are allowed to suffer and die. It is not the case that the good results from this method have been largely obtained from among soldiers. Glenard, in 1883, published a pamphlet in which he complained of the neglect of the Brand method in the French army, with a death-rate of 35 p. c., while in the German army, using Brand's method, the rate was 10 p. c. Further, the work of Tripier and Bouveret, advocating and describing the Brand method, was based on the study of disease in non-military hospitals, Bouveret, in 1892, published the report of a series of cases in the hotel Dieu, Lyons, with a death-rate of 2 p. c., and in a declaration in favor of the method, signed by a number of physicians of Lyons, it is specially stated that this practice is carried out with their private patients, and that their own wives and children are thus treated. The most stubborn objector in the United States, if he wants to be consistent, should at least not refuse to utilize the observations made on soldiers when he is called to treat persons of the same type, i. e., young men. Objectors speak of partial collapse as an ordinary effect of the bath, and one might be led to regard cool baths as something in the nature of blood-letting, starvation, excessive bodily exertion, a severe surgical operation, etc., which only robust persons can stand. To think of a procedure that may bring down the pulse from 136 to 120; that keeps the tongue moist and clean during an acme of two weeks; that tones up the digestive functions; that produces sleep and banishes delirium, encourages an abundant flow of urine and prevents bed sores-to think of such a measure as a debilitating one, as not suitable to a delicate organism, might call forth a smile, if tears and death were not the result of the false opinion.

He recites some of his experience during the past six months to show the type of patients in which he has found the method useful. Case I was a lady aged 32, who suffered with a mild attack of typhoid fever for a week before confinement. Three days succeeding delivery, however, the attack became more severe, the temperature reaching 104, with the pulse at 130 to 140. The Brand method was decided upon, though the baby was not five days old, and during the next sixteen days she received 122 baths of an average temperature of 68° F. On the first day the length of the baths was 17 minutes, on the second 15, and after the sixth day 10 minutes. Case 2 was a young man in whom the symptoms of infection were very grave. He received 167 baths, varying in temperature from 68° to 60°. In this case the temperature was not reduced by the baths but the distressing symptomslabored and frequent respirations, a cool and clammy skin, with sweating-disappeared and the patient always slept and took large quantities of nourishment. Case 3 was a girl seven years old, who received in sixteen days 98 baths, lasting from 15 minutes on the first day to 5 on the sixteenth, and of an average temperature of about 71° F. As an evidence that an American child experiences the same beneficial results from the baths that French or German children do, he claims to have treated a girl of 19 months with over 100 baths; a boy of Abstracts.

3 years with 40; a girl of 12 years with 50; a girl of 4 years with 50; a boy of 12 years with 90; and a number of others.

He concludes with the following recapitulation of his claims for the method and suggestions to those who may be

induced to try it:

r. Americans, women, children and men, alike, experience the same beneficial effects from the cool baths that

European patients do.

2. In cases in which the baths fail to reduce the temperature of the patient, they should not be discontinued; they will still have a beneficial effect.

3. The prolonged lukewarm bath (from 90° to 96° F.), with gentle effusions of cool water (from three to four pails, of from 60° to 70° F.) to the head is often an excellent remedy in case of great excitement and inability to sleep (delirium versatile).

4. Women take to the baths more

kindly than men.

5. When fever is very high and the elevation of temperature is marked soon after a bath, it is advisable to repeat the baths sooner than the formula requires (three hours), and to give them every two hours.

6. Even when patients have reached the third week, and with hemorrhages, baths and water more or less cool should be used according to the directions of Brand in the treatment of the "degenerated" cases. Parched, smooth, fissured tongues are unknown to the hydriatric treatment.

7. The method can be used in country

practice.

A few words of advice to those using the hydriatric method in private practice

may not be out of place here.

1. First of all get a bath-tub made. I had one six months before I had a case. My tubs are made of galvanized iron, with a strong iron rod around the rim, four-cornered, 5\frac{3}{4} feet long, 2 feet wide and 16 inches deep. If you will have a tub you will use it, and if you have a tub, thermometers, etc., on hand, your patients will be under the impression that you know all about the method. My bath tubs are amongst the most

2. Be present during and after as many baths as possible, and especially at first; this both for the patient's sake,

useful of my instruments.

who will be encouraged, and for your own sake, who will be instructed.

3. As soon as possible instruct one or more suitable persons in the use of the method. Well-to-do persons will be glad to employ them, and even those less favorably situated can have a nurse, because not much money need be spent for drugs, and because the physician can restrict the number of visits if one of his trustworthy nurses is taking care of the patient. If the family wishes, or is compelled to do its own nursing, you may send such a skilled person to the house for from twelve to twenty-four hours to give instructions in the use of the baths, thermometers, etc.

4. Do not propose the method in a half-hearted way. If you are convinced that Brand and his followers are in the right, tell your patients that you consider it your duty to use the method. If your patients are like mine, not more than one in twenty will refuse to take

the baths.

5. Let your first case be one that you can treat from the beginning and treat accurately and strictly after Brand, so that both the community and yourself will not lose confidence in the method.

6. Follow the directions of Brand, Bouveret and Vogl as closely as possible, and do not "improve" on the method before having used it for some time.

In my opinion the physician who will use the hydriatric method will find nothing but gratitude on the part of the patient and his friends; in treating typhoid fever he will become acquainted with the useful qualities of water as a remedy, and employ baths in other febrile diseases, measles, pneumonia, etc., and he will thus be worth much more to his patients than he was before using the baths; he will find the hydriatric method not only satisfactory from the humanitarian standpoint, but he will also find it interesting from the standpoint of the scientific observer and physiologist. He will save the lives of some and shorten the sufferings of many. physician, however, who has become convinced of the method and has not the courage to combat all obstacles, does not stand on the pinnacle of his profession."-Vogl. Brand, Juergensen, Vogl, Glenard, Tripier and Bouveret have made it so easy for us to carry out the hydriatric treatment that we only need follow them,

Motes of Practice.

Alcoholic stimulants should not be given to a patient during labor.

Salol, either by the mouth or in an injection, is useful in aborting cases of gonorrhea.

Cimicifuga is recommended as the next best drug in the treatment of chorea after arsenic has failed.

Sweating of the feet may be greatly relieved by applications of a solution of 24 grs. of naphthol to the ounce of glycerine, night and morning.

Tampons soaked in oil of turpentine are said to control nasal hemorrhage. If these cause too much local irritation of the exposed mucous membrane, the oil should be diluted.

Sparteine is recommended in all cases of tremors. Cases of neurasthenia, hemiplegia and locomotor ataxia are always benefited by the addition of sparteine to the treatment adopted,

Prof. Keen says that an important diagnostic point between pyæmia and septicæmia is that, in cases of the former, the chills occur at more or less regular intervals, while in cases of the latter there will be no chills.

The best medical means of combatting acute or chronic otorrhoa consists in using injections of a 3 p. c. solution of boric acid, followed by a careful and thorough drying of the parts with absorbent cotton, and then the introduction of a cotton tampon impregnated with bismuth subgallate.

Sodium ethylate applied by means of a pointed glass rod for two or three days, gives good results in the treatment of nævi. The first scab is removed, and then, generally, only one more application is necessitated.

It appears that carbolic acid, unlike morphine, etc., is not so dangerous in its effects when administered hypodermically.

A few drops of a 4 p. c. solution of osmic acid, hypodermically administered, has relieved several very intractable cases of sciatica. In only one case was there any inflammation at the point of puncture.

Balsom Peru is recommended as a good surgical dressing in the treatment of wounds having a small surface exposed and where there is a tendency to suppuration. In injuries of the hands and fingers the results are excellent.

In cases of indigestion, due to formative changes in the stomach, glycozone has accomplished some brilliant results. It must be remembered that the loncontinued use of peroxide of hydrogen, if not freshly prepared, will cause the eeth to become loose like mercury.

Dr. Charles O'Leary (Medical Science Monthly) recommends the treatment of carbuncle by hypodermic injections of carbolic acid, reporting several cases in which the carbuncle was aborted. He injects the acid into the surrounding tissues; at the first seance making three punctures, then three days later making six punctures, and subsequently according to indications. He uses the liquefied acid of full strength. As to the quantity used he is very bold, having in one instance used three syringefuls at once, and repeating this no less than four times. He has never seen any poisonous effects of this drug by being administered hypodermically, though he is aware that the same amount, even if sufficiently diluted to admit of being taken into the stomach, would be very dangerous, if not fatal. To get the best results the drug must be administered boldly in quantities ranging from twenty to sixty minims. After the carbuncle is arrested it is dissected out and the cavity-left to heal by granulation.

Dr. J. A. Pollard claims that drachm doses of glycerine are most valuable in preventing stomach trouble in convalescence from debilitating diseases; that it will often cut short an attack of indigestion, and that it will prevent and cure a large proportion of cases of summer diarrhœa of children. It is also useful at times in controlling the vomiting of pregnancy.

If the pupils remain contracted in cases of puerperal eclampsia, even when the spasms seem to be apparently under control, look out for a return of them.

Cold water, by rectal injection, has served Dr. J. Morton well in cases of adherent placenta; it acts by reflex stimulation.

A pulse which day by day increases in frequency, without a corresponding increase in the temperature, is a positive evidence of progressive heart-failure.

There is an epidemic of spotted fever in Marshall county, Kentucky, and many of its citizens are leaving the county.

SELECTED FORMULÆ.

Tympanites in Typhoid Fever.

Dr. Nealy (La Semaine Medicaie, No. 1, 1893), in cases of typhoid fever where there is great distension of the intestines by gas, as, indeed, in some cases it may be so severe as to occasion the death of the patient, injects, rectally. the following:

B.—Hot water	₹ ii j
Common salt	3 j
Glycerine	ž ij
Ess. of turpentine	gtts. xxx
Sufficient for one injection	_

A few minutes after its injection a movement will occur with evacuation of an enormous quantity of gas and be followed by disappearance of all the alarming symptoms of tympanism. Every time that the gas accumulates try the injection again.

A Cure for Dipsomania.

Dr. Andrew Kitto writes to Merck's Bulletin: The mixture below formulated has been very serviceable in my practice, in overcoming the ill-effects of the alcohol habit. So far as I can judge, it positively destroys the desire for alcohol:

B−	-Ichthyol	3 ii
	Sulphate of hydrastine	3 ss
	Resorcin	3 ij
	Watery solu. of calumba.	Z iij
	Tincture of nux vomicæ.	3 111
	Solution of the acetate of	_ ,
	ammonia(recent), q.s. ad	7 vi

M. Sig. Two tablespoonfuls every three or four hours while awake, during a period of two or three weeks.

Dentifrices for Mercurial Stomatitis.

Dr. Leonte (*Lancet-Clinic*) recommends as a dentifrice in mercurial stomatitis the following:

B.—Powdered salol,
Boric acid..... aa 3 v
Saccharine,
Menthol..... aa grs. iij

Brush the teeth twice a day with this mixture upon a soft brush.

For Threatened Abortion,

Dr. E. Wilson (*Lancet-Clinic*) prescribes the following with success:

R Tinct. opii deod	mlx
Sodii bromidi	
Choral hydrate	3 jss
Syr accaciæ	3 j
Aquæ, q. s. ad	¾ iij
M Cia A Janeautana	f - 1 ! +

M. Sig. A dessertspoonful in water every four hours.

Miscellaneous Items.

Under this head space will be given, free of cost, to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Dr. E. M. Summerell has recently removed from Marion to Mill Bridge, where he will continue the practice of his profession.

Dr. W. F. Faison, recently of Jersey City, has located permanently in Fayetteville. The citizens as well as the profession of that thriving city are to be congratulated.

Dr. S. Westray Battle, of Asheville, who recently sustained a fracture of the fibula, besides several painful injuries, on account of a runaway accident, is improving, we are glad to learn.

Dr. E. L. Hunter, D.D.S., formerly of Enfield, has located in Fayetteville, and has formed a co-partnership with his son, Dr. T. M. Hunter, in the practice of dentistry.

The congratulations and felicitations of the Journal are extended to Dr. J. W. Jones, Jr., of Goldsboro, and his charming bride, nee Miss Fannie Broadfoot, of Fayetteville.

Our most grateful thanks are returned to the Southern Clinic, of Richmond, for its generous words of praise and encouragement, especially since, in its own modesty, it is kind enough to say, among other things, that "the NORTH CAROLINA MEDICAL JOURNAL is decidedly the handsomest journal in the South "

The South Carolina Medical Association will convene at Sumter on the third Wednesday in April of this year. The following are the present officers of the Association:

President-Dr. W. H. Nardin.

1st Vice-President-Dr. G. W. Heinitsh 2d Vice-President-Dr. L. C. Stephens. 3d Vice-President-Dr. A. L. Gaubert.

Corresponding Secretary-Dr. M. P. Ravenel.

Recording Secretary-Dr. W. P. Por-

Treasurer-Dr. Chas. M. Rees.

Committee on Publication-Drs. John Forrest, M. P. Ravenel and W. P. Porcher.

Committee on Ethics-Drs. O. B. Mayer Ir., Chas, W. Kollock and W. H. Nardin, Committee on Finance-Drs. Thos. G. Simons, H. D. Fraser and C. R. Taber.

Committee on Necrology-Drs. A. A. Moore and W. H. Dial.

Dr. Joseph Price, of Philadelphia, has offered a prize composed of the latest works on surgery for the best essay presented at this meeting on "The History of Surgery in South Carolina." We are assured, from our knowledge of the profession in that State, that many able papers will be presented in competition for this handsome prize.

An association of the drug clerks of the State was recently formed at Greensboro, for their mutual protection and improvement, with Mr. F. A. Bobbitt as President. It was well attended, and much enthusiasm was evinced in its proceedings.

Do not carelessly pass over the advertising department, you will find by carefully examining the advertisements many useful remedies and much valuable information.

The profession will rejoice with us in the restoration to health of Dr. Roberts Bartholow, of Philadelphia. He has recovered sufficiently to again resume his practice.

The recent military appointments of the military staff of the Second Regiment of the North Carolina State Guard are announced as follows: Major and Surgeon, Dr. N. Anderson, Wilson; Captain and Assistant Surgeon, Dr. J. D. Croom, Maxton; 1st Lieutenant and Assistant Surgeon, Dr. R. L. Gibbon, Charlotte.

PHYSIOLOGICAL FREAKS.—North Carolina seems now to be furnishing the physiological freaks which astound the medical profession. Some time since Charlotte, as an especial claim for the salubrity and healthfulness of that city, boasted a man who, even though shot directly through the heart, lived several days; and now Leaksville, not to be eclipsed in the matter of living curiosities, claims a man who had a miniature heart in a tumor on his person, Dr. Field successfully excised the tumor, which was situated on the left side, and which was connected with the heart. It was 51 inches in diameter and 71 inches long, and upon close examination was found to contain a perfect heart with all its valves intact. We have written soliciting a report of the case, and hope to obtain this miniature apparatus in case we may some day need an extra one for some forlorn and love-sick patient.

In the February number of the JOURNAL, page 53, in the second line of Dr. Anderson's article read "any skill.' On page 90, "Notes on Practice,' instead of 1-1,000 read 1-10,000, the latter being what was written.

Dr. A. Currie died a few days since at his home, near Antioch. He was fortyfive years of age.

Dr. W. S. Kendall died a few days since at his home in Ansonville, Anson county, North Carolina.

The Satellite of the Annual of the Universal Medical Sciences has had its name changed to The Universal Medical Journal.

We extend our sympathies to Dr. J. B. S. Holmes, of Rome, Ga., in the loss of his elegantly-appointed sanitarium by fire, which occurred very recently.

The Medical Mirror has come out with new designs for the headings of its different departments. We notice one department devoted to the Pan-American Medical Congress, in the standing head to which appear the likenesses of the President, Secretary General and Treasurer of the Association. Brother Love has associated with him Mr. John P. Lowell as Business Manager.

We take pleasure in adding to the list of our exchanges *The Woman's Medical Journal*, a monthly journal devoted to the interests of women physicians, and of which E. M. Rays-Javitt, M.D. is Editor-in-chief, and Claudia Q. Murphy, M.D., is Managing Editor. We doff our cap to the fair editors, extend to them our hearty welcome, and bespeak for them unbounded success. The *Journal* is published in Toledo, Ohio.

A New Confidence Game.—As a stranger stepped from a train at a railway station in Paris during the recent cholera period, a man came up to him saying that he was a sanitary agent, and asked if he had been disinfected. Being told that he had not, this agent led him to a neighboring house, put him in a room by himself, told him to take off his clothes, which were taken away to be

disinfected. After waiting for some time the stranger finally investigated and found that he had been made the victim of a new confidence trick.

CHOLERA ABROAD.—Late reports from Hamburg, Berlin, St. Petersburg and other European cities where cholera prevailed last summer, are to the effect that the disease still persists, and every effort is being made to prevent its rapid spread during the coming season. New cases are reported from Hamburg almost daily, and the Emperor has directed that daily reports shall be made showing the progress of the disease throughout

Germany. The Russian government has summoned a Congress of three hundred physicians, more than half the number being from infected districts. The Congress will sit for a period of eight days, and a report is expected covering the best means of preventing the reappearance of the disease in the Czar's dominions.

Official statistics of the epidemic in Russia show that the deaths from European cholera number 130,417, and those from Asiatic cholera, 135,343, since its outbreak last summer, the total number being 265,700 deaths—over a quarter of a million.

Mecrology.

DR. JOHN HAMPDEN HILL.

This venerable gentleman, the oldest physician in the State, we think, died at the residence of his son, at Goldsboro, on the 19th inst., in the 85th year of his age. He was born at Hymham plantation, New Hanover county, in 1807, went to school for a year or two at the old Academy in Wilmington, and entered the Sophomore class at Chapel Hill in 1822, where he remained, however, but one session, when he was sent to the celebrated Partridge School, at Norwitch, Vermont, afterwards removed to Middletown, Connecticut. After his graduation he studied medicine under the late distinguished Dr. James F. McRee, and upon receiving his diploma, in 1830, he commenced the practice of his profession at Mosely Hall, now La Grange, in Lenoir county.

He married in May, 1830, Miss Mary Ann Holmes, daughter of Gabriel Holmes, for many years High Sheriff of New Hanover county, by whom he had issue,

three sons, who survive him. He was in active practice in Sampson county from 1830 to 1834, when he removed to his paternal estate, Pleasant Hill, in New Hanover county. In 1837 he had the misfortune to lose his wife, to whom he was most tenderly attached. and soon after her death he disposed of his landed estate, intending to remove to Georgia, but on visiting that State was not satisfied with the surroundings, and returning home, purchased that valuable rice plantation, Lilliput, situated on the west bank of the Cape Fear river, about fifteen miles below the city. and retiring from practice, devoted his time and attention to the cultivation and improvement of his estate, and became one of the most skilled and successful rice planters on the river.

His home was the seat of a profuse hospitality, to which his courtly manners and great conversational powers gave additional zest. He delighted to converse about the men and localities of this section of the State, and his knowledge of them and wealth of reminiscences was remarkable. His memory was wonderfully retentive and accurate, and even in extreme age it was still a storehouse of data and incidents that he could draw upon to almost any extent, to the infinite pleasure and gratification of the listener.

He was a high-toned, chivalric gentleman of the Old School—alas! that so few are now left—honorable and true in all his dealings, and would not deviate

from the path of rectitude, even for a king's ransom. He had fixed opinions about men and measures, and never hesitated to express them, for he scorned deceit, and had the courage of his convictions.

In early life he clad himself in the humble garb of the Christian, was consistent member of the Episcopal Church, and died, as he had lived, in that blessed faith which he had embraced while in the vigor of youthful manhood.

Reading Motices.

NERVOUS ANÆMIA.-

R.—Syr. Hypophos, Comp....4 oz. Celerina [Rio]......4 oz. M. Sig. Teaspoonful three times a day.

MIGRAINE.—This distressing malady can be promptly relieved by the use of Neurosine, whose virtues are due to the pure Bromides with Canrabis Indica and Cascara Sagrada in combination with wholesome stomachics. See formula on sample bottles.

DR. BRIETBACH, of Badkrenscha, Dresden, Germany, November 17, 1892, says: I have tried Bromidia in a case of Insomnia, caused by severe neuralgia, and the result was most satisfactory. Before I prescribed this preparation the patient always asked for injections of Morphia, but never afterwards. I think that Bromidia will be of great service in cases

where one wants to wean a patient from the habit of taking Morphia. I shall certainly continue to prescribe the preparation.

CHRONIC NERVOUS HEADACHE.-

NOTWITHSTANDING the large number of Hypophosphits on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine and Strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

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The Oxydising Agents-Iron and Manganese;

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It has Gained a Wide Reputation, particularly in the treatment

of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested,

when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOW, 48 Vesey Street, New York.

"Keep only thy digestion clear: No other foe my love doth fear."

-MARK TWAIN.



PAIN and discomfort after eating is seldom calculated to make "The course of true love run smooth," and acid eructations constitute true foes to equanimity of temper. The most frequent cause of these distressing

symptoms is the failure of the several digestive juices to perform their allotted work, because of a diminution in the amount of or the inefficiency in the action of the digestive ferments.

In order to promptly remedy this condition, this missing link in the digestive chain must be supplied.

LACTOPEPTINE

will supply this link, as it furnishes the digestive function with the ferments which it lacks, combined in exactly the same proportions in which they exist in the normal human economy. The operative cause is thus abolished, and the disorder is relieved.

We advance this reasoning as a rational explanation of the action of I actopeptine. There may be other reasons to account for its beneficial action, but these we leave to physicians, who are better informed on such matters.

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NORTH CAROLINA

MEDICAL JOURNAL.

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No. 4.

Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript.

RATIONAL MEASURES FOR TREATING INSOMNIA IN ACUTE CASES
OF INSANITY.

By Isaac M. Taylor, M.D., Assistant Physician State Hospital Morganton, N. C.

[Written expressly for this Journal.]

In six years' experience in the practice of a hospital for the insane, it has so often come to my notice that the general practitioners, under whose care cases coming to us have been, have blindly administered dose after dose of hypnotics and lost sight of the etiology of the cases they are called to treat, that it has seemed not amiss to present in a paper some of the methods for securing sleep, other than by the use of hypnotics, which we find of daily service It would be easier to render an excuse for so elementary a paper if each one of those who read it could see the correspondence and committals on file at any of our hospitals, and know how many of our country brethren, and for that matter city ones too, are in deep water when trying to overcome the insomnia of acute insanity.

Indeed, not a few cases of beginning insanity are prejudiced by prolonged use of hypnotics, narcotics and sedatives without due notice being taken of the perverted bodily functions which lead up to the mental condition having its manifestations in the insane acts and delusions,

The subject is too broad to have adequate treatment in the limits of such a paper as this, which shall be confined to the plain statement of some of the methods in use at the State Hospital for procuring sleep for our patients.

Insomnia is the symptom most persistently prominent in most cases of insanity, and is always present in those acute cases which threaten the life of the patient from exhaustion. So prominent is it that a large proportion of cases state that as the prime cause of

the insanity instead of a symptom of the disease. Each case, of course, must be treated as its symptoms call for, but so constantly do we find that no small factor in the causation is the lack of nourishment, that in almost all cases we begin with efforts for better feeding.

I present two cases condensed from our case books, which pointedly show the results from the line of treatment I shall indicate before stating the conclusions which we have drawn from many such as these.

Miss M., female teacher, aged 32, single, admitted January 26, is quiet and coherent, rather low spirited, is in good flesh and fairly good physical health, appetite capricious, is sleeping poorly and only with hypnotics. Has chronic dyspepsia. For several days was quiet and tractable, gradually grew worse, sleeping and eating less, and on February 4th became mildly maniacal, entirely sleepless. rapidly grew worse, until February 10th she had entirely quit eating and had not slept under increasingly large doses of hypnotics.

February 10th—Began forcible feeding with free stimulation twice a day; no appreciable change until February 12th she slept two hours during the night without any drug medication.

13th and 14th—Seems an increment of improvement.

15th—Slept four hours during night and some in the day. Is eating freely without being fed. Is gradually improving, talks with some reason. General physical condition much improved, tongue is moist and sordes clearing from the teeth.

G. M., laborer, aged 28, admitted August 12th; has been insane in fourth attack for six weeks, for two weeks has been confined in jail and for that time has been maniacal, refusing food and sleepless under large doses of hypnotics; is evidently very weak; teeth covered with sordes; breath foul; pulse weak;

was immediately fed by nasal tube—milk one quart, four eggs, and whiskey fl 3 ij, tincture digitalis gtt. 20. Slept twelve hours, awoke refreshed and convalescence was established without another unfavorable symptom.

These cases well illustrated our line of treatment, and each succeeding one fixes us more firmly in our convictions. Our first care is to see that sufficient food is ingested, an offering is made from the usual dietary, and the patient is urged eat of this; failing in this, or, if not sufficient to serve the purpose is taken, milk supplemented with eggs is given, by persuasion, if possible, by force, if it is found necessary. The quantity is only limited by the capacity of the patient or the willingness with which it is received; if it is taken without trouble small amounts are given frequently, but if it must be given forcibly, from a quart to three pints of milk, with four to six eggs, is given twice in the day, care being taken that the last portion will be in process of digestion when the house is settled for the night Stimulants are added to this in such reasonable quantity as the pulse and general physical condition seem to indicate. Of course it is not always plain sailing, and our patient does not always sleep after the first feeding, but when we know that a sufficient amount is taken, our next concern is for the proper digestion and assimilation of the ingested food. When too much is given the stomach will reject it by vomiting, or there may be set up a diarrhœa of more or less severity, showing in the dejecta masses of undigested food, but such is not often the case with those in acute mania; it is incredible how much food can be digested by them. Of course when this effect is shown a reduction in amount is made, and in some cases soups, predigested foods, peptonized milk is given, or lime water, magnesia or dextrinized flour is added to the milk

to aid the action of the digestive fluids. We do not find it so important to attempt to cater to the tastes of our patients of this class; most often the sense of taste is perverted, or, from the dryness of the oral mucous membranes, is in abeyance.

Cases of melancholia attended with insomnia are as urgently in need of better feeding as those of acute mania, but here we have new complications to meet with-almost always there is a disturbance of the digestive functions of long-standing, and, coupled with the willingness of the patients to miss food on account of their delusions, there is a limit to the amount of food which can be taken and digested, and care must be taken that it is of proper quality for easy digestion. It is not always the case that these need the invalid diet which is popular from long tradition. It is not uncommon to see a ploughman's meal digested easily by one who could not eat a mouthful of dainties with impunity.

Fortunately these cases have not the great waste of tissue which we find in cases of mania, and we can have a longer time for careful experiment as to the food suitable for each, and the amounts which can be readily digested, but the principle is the same, that with good assimilation begins amelioration of the trying symptoms. The already existing digestive disorder makes more pronounced the evil influence of the usual hypnotics. And especially do we find the case prejudiced by the prolonged use of bromides, a plan which has widespread favor with the general practitioners and the laity.

Another procedure which we find of value is the bath, the hot bath for a short time, or, what is quite as good, a cold douche; this is followed by a good reaction, which sends to the surface the blood from the internal organs, relieves their engorgement, and, with the more

healthy circulation, often comes a refreshing sleep.

So far we have given no attention to the use of drugs, not because they are excluded from our use, but because they have not with us the prominence which is usually given to them. Bromide of potash we rarely give to control the nervous attacks except to calm in some cases the over-excitement of chronic maniacs for its temporary effect. Its use in melancholia, and particularly with weak and anæmic females, is especially pernicious, adding to the destructive process already existing, and, by its direct irritative action upon the stomach and digestive track, preventing proper digestion and assimilation.

Chloral we find the most generally useful of all the list, and one widest use for this is to quiet noisy chronic cases for the benefit of quiet people who need the quiet to get their rest. Of course with these the smallest dose is used, which will accomplish our object. When used for acute cases we begin with small doses, gradually reaching the maximum necessary for the effect we desire, and when that is secured we, as quickly as is possible, begin to reduce the dose. Our medium dose is twenty grains, we are willing to give thirty in some cases, never more than forty, and then only the single dose in the twenty-four hours. Our rule is to guard all the larger doses with whiskey, digitalis or atropia, and even the smaller ones, when the patient is debilitated or shows signs of weakened heart action. Chloral is sometimes supplemented with bromide of potash, cannabis indica, morphia, hyosciamus, or sometimes its alkaloid hyoscine, either singly or smaller quantities of several combined.

The combination of chloral with small quantities of hyoscine, 1-100 to 1-50 gr., has in our practice several times given peculiarly good results.

The next hypnotic in favor with us is

paraldehyde, given in doses of one-half to two drachms. We have rarely gone above the larger dose, but we would give half an ounce. We have never had unpleasant symptoms follow its use, and but for its nauseous taste and lasting odor it would be more largely in favor, Morphia and the opiates we give very rarely, except in combination. Urethan has seemed to do good in some cases, but it is weak and uncertain. Sulfonal we only use occasionally; it has not been satisfactory to us; its insolubility renders it impossible of administration to refractory patients, and its uncertainty makes it undesirable in others. Piscidia, given in some cases of drug habit, has seemed to give some good results; our experience has not been large with it. Hyoscine, not hyoscyamin, has given good results in some cases; we have given as high as 1-25 gr. without serious effect, but as a hypnotic we rarely go above 1-50 gr., given hypodermically It is objectionable from the physiological action in drying the throat and the disagreeable after-effects.

The newer hypnotics so widely advertised have not given the satisfaction guaranteed in their enthusiastic circulars. We sometimes give a prolonged course of morphia in the case of old persons with melancholia, and in some puerperal cases following an empyrical practice which, in carefully selected cases, has proved itself of decided service.

We do not see here any cases which seem to indicate that they would be benefited by a course of chloral or chloral with bromides and morphia, as is recommended in some of the books which are still read, nor do we see those cases which are benefited by the large and repeated doses of chloral alone, as was the practice when that drug first came into general use.

We see here in connection with the different forms of insanity the most intractable insomnia, and it must follow in practice among the sane that methods which we find successful will be equally satisfactory in general practice.

We believe that if the general practitioner starts into each case with the feeling that every grain of drugs used for producing sleep has a reaction unfavorable to the case under treatment, and will prevent or prolong convalescence, and will, from the first, attempt to replace drug medication by rational hygienic methods, his results will grow more and more satisfactory.

So fixed are we in our belief in this direction, that now we do not look for decided physical or mental improvement until we have finally withdrawn all hypnotics and sedatives, and we often do this even when our patient gets but one or two hours of sleep in the twenty-four; but these are of far more benefit than the whole night's rest under a commanding dose of any of the hypnotics now in our hands.

CHARACTERISTICS OF PNEUMONIA FOLLOWING GRIPPE.

By WILLIAM C. DABNEY, M.D., Professor of Practice of Medicine, etc., University of Virginia.

[Contributed expressly to this Journal.]

I wish to call your attention to-day, gentlemen, to the peculiarities presented by cases of pneumonia following grippe.

You know that the form of pneumonia which usually occurs in connection with the acute infectious diseases is the broncho or catarrhal, or, as it is sometimes called, the secondary form; but there have been many cases of acute lobar also, and it has been far more fatal than pneumonia usually is here.

Let me relate to you now the histories of a few cases of acute lobar pneumonia consequent on grippe, and I will then call your attention to the peculiarities presented by these cases.

The first case which I shall mention was in the person of a young man who was a student here. He had grippe in the early part of January, 1890; the attack was not a very severe one, but he kept his house for several days and then rode from his house to the University to his lectures; unfortunately he was caught in a rain at this time, and fortyeight hours afterwards he was taken at night with a severe chill, which was followed by high fever and great restlessness. When I saw him a few hours afterwards his temperature was 105°, his pulse 120, full and soft, and his breathing was rather humid.

I need not go more into the general features of this case, but what I want to call your attention to especially is the peculiarity in the physical signs. I examined his chest carefully, and at my first visit could find no abnormal condition; there was troublesome cough, but no characteristic sputa.

Forty-eight hours after he was first taken dullness on percussion and bronchial respiration appeared over a small space at the base of the right lung behind and extended with great rapidity till nearly all the pulmonary tissue on that side was involved. At no time was there any crepitant râle perceptible, though I made frequent examinations of the chest. About the time the bronchial breathing appeared—not before—he expectorated the characteristic nasty sputa, and continued to do so till his death, about eighty hours after the commencement of his attack. Death was due to heart-failure.

I should have told you that this young man had had three attacks of inflammatory rheumatism, but there was no evidence of cardiac trouble therefrom.

The peculiarity about the physical signs in this case would not have impressed me so much if this had been the only case in which these peculiarities occurred, but it was a common thing to see just such features in other cases of pneumonia consequent on grippe.

Let me give you another case. A month after the death of the young man I have just mentioned his little brother, six years old, who had just recovered from grippe of rather a mild character. was taken with a slight chill and considerable fever; he had some cough but no expectoration, and he had a good deal of nausea and voniting. His temperature reached between 103° and 105°, and his pulse was about 120; his breathing was somewhat quickened but not very rapid, and on physical examination of the chest neither Dr. Nelson (with whom I saw the case) nor I could detect anything abnormal.

It was only after the fever and other

symptoms had lasted four days that we found under the left scapula a small spot of dullness with bronchial respiration. In twenty-four hours from that time the whole lung was solid, and in forty-eight hours the child was dead.

At no time was there any crepitant rále. Death occurred from heart-failure, as in the first case.

The peculiarity of these two cases was that in both there was a total absence of any so-called "first step" of pneumonia, so far as the physical signs were concerned—that is, there was no crepitant râle. Another striking feature, not only of these two cases, but of all which I have seen following grippe, was the great tendency to heart-failure. There is, as you know, a great difference of opinion as to the danger of acute lobar pneumonia, and I cannot help thinking that this difference is largely due to the locality of the physicians who take different sides. With us in this section of country, which is so free from malaria, acute lobar pneumonia, except in the apex, nearly always ends in recovery unless it follows the acute infectious diseases, but in malarial sections it is one of the most fatal diseases with which they have to contend, and Dr. Towles tells me that where he lived-soon after leaving college—in a very malarial section on the banks of the Missouri river, the mortality from pneumonia was so frightful that a commission was appointed to investigate the matter.

During the past winter and the present spring I have seen several cases of lobar pneumonia presenting another singular feature, namely, a tendency to recurrence almost immediately after the crisis was reached. Let me give you the histories of two cases by way of illustration.

In January last I saw a young man, eighteen years old, vigorous and robust, and with an excellent family history, who had an attack of pneumonia in the upper back part of the left lung; the attack commenced with a chill, ran a typical course and ended on the eighth day, the temperature at my morning visit on that day being 98° and pulse 76. A few hours afterwards he was taken with another chill and another attack of pneumonia developed, the whole of the right lung being involved. This attack also lasted eight days, and then ended by crisis, but the convalescence was tedious and the lung was slow in clearing up.

I ought to tell you that this young man had had three attacks of pneumonia prior to the attacks in January—one in 1889, one in 1885 and one a year or two earlier.

The second case which I wish to tell you of occurred in a child four years old. He had always been a delicate little fellow; his limbs were small, his face rather pale and the glands under the angles of the lower jaw had at one time been enlarged. His family history, however, was good, and at the time he was taken with pneumonia—in March—he was looking better than usual.

This attack of pneumonia commenced with a chill on Monday evening, February 29th. The temperature ran up to 104° and ranged between 103° and 105° for a week. During this time he had some diarrhœa, his pulse was often 160, and never below 140; he was very restless and slept badly. On the last two days of this attack he was quite delirious.

On March 8th I saw the little patient at 3 o'clock; he had passed the crisis a few hours before and his temperature was 97.5° and pulse a little over 100. At 9 o'clock that evening I was again called, and found he had had a chill and there was a recurrence of the pneumonia in another part of the same lung. This attack lasted six days, and the symptoms were much like those of the first attack,

except that the prostration was more pronounced.

I do not know why these recurrences occurred; it is not common for pneumonia to recur in so short a time, but I do think the attacks in each case were separate and distinct. It is singular, too, that recurrences of this character have been far more common with us this winter than ever before; indeed, I do

not recall ever seeing such cases before, but they have been observed by a number of my professional friends as well as myself.

I cannot say certainly that the grippe has had anything to do with these recurrent attacks, but it is singular that we have not seen such attacks before, and that in most, if not all, the cases the patients have had grippe a short time before

THE ABUSIVE USE OF ATROPIA IN THE TREATMENT OF EYE DISEASES

By Julian J. Chisolm, M.D., LL.D., Professor of Eye and Ear Diseases in the University of Maryland, Surgeon-in-Chief of the Presbyterian Eye,

Ear and Throat Hospital of Baltimore City.

[Written expressly for this Journal.]

What have you done for this patient? I asked of a physician who had accompanied an old lady from her distant home, to consult me for a persistent painful inflammation of the eye. He responded, "I have only used the simplest kind of soothing eye-drop-atropia in rose-water, or some little thing of that sort." To one familiar with the powerful influences for good and for evil of this article, the most valuable, as well as the most dangerous, remedy in ophthalmic therapeutics, the answer was startling. It sounded to me as if he had said, in the most innocent manner possible, I had only sweetened her coffee with arsenic, or with some such simple powder. Atropia solutions in the hands of the average practitioner are as dangerous an eye-drop as dynamite would be a play-thing in the hands of children. Some one is going to be seriously hurt by both of them; fortunately for the doctor it will not be himself. The general practitioner had better make it a standing rule for his professional life never to use atropia at all as an eye

application rather than give it the indiscriminate use so common with medical men.

That atropia solutions are invaluable, as a local application for a certain class of eye diseases, there can be no question. To save useful eyes when the iris is inflamed, there is no substitute for the mydriatics. They are worth all the rest of the Materia Medica put together. Were I restricted to one single remedy for internal or external use in the treatment of "acute iritis," an atropia eyedrop I would unhesitatingly select. But remember this is for "iritis" alone, and for no other eye disease. Here I draw distinctly the line, I encircle this disease "iritis," and by so doing isolate it from all other eye affections. In this peculiar sphere atropia works marvels, on account of its miraculous performances in breaking up recent adhesions of the iris to the capsule of the lens, and in consequence bringing about the immediate subsidence of the sclero-conjunctival injection. Atropia is accepted by the profession at large as a panacea for

every eye inflammation, and yet for none other of these is it necessary; and with some its application would be positively injurious. In the case of the old lady suffering with inflammatory glaucoma, it was doing the greatest positive harm which the soothing words and devoted attention of the family physician could not mitigate. When turpentine will put out a flame, then will atropia relieve the pain of inflammatory glaucoma. The mischief done in cases of glaucoma by the innocent but ignorant use of a socalled simple drop of an atropine solution at the hands of the general practitioner more than counterbalances in his practice its good work.

It is, however, easy to lay down rules for the guidance of the family physician, if he will only recall them in time of need.

In young persons there are no eye diseases in which atropine drops do positive harm. At the same time in very few of the eye diseases of young persons is atropia called for.

Most cases of "iritis" occur in comparatively young adults. Its most common causes-syphilis, rheumatism or traumatism, complicate active adult life, namely, between twenty and forty years of age. The symptoms by which iritis is diagnosed are sufficiently marked even when an undue amount of conjunctival injection exists. When in doubt, the diagnosis can be made absolute by instilling into the inflamed eye a single drop of a 1 p. c. solution of the sulphate of atropia. Should dilatation of the pupil not follow in a half hour, it indicates the need of more of the atropia, as "iritis" must be present. the pupil expand promptly and regularly it indicates as sharply that the drug is not wanted, and therefore should not be continued.

Primary glaucoma is rarely seen under forty years of age. It is an affection of the older members of the population, When an elderly person, especially a woman seeks aid for a painfully congested eye in which the vision has become simultaneously dull, be on your guard. You are now treading upon dangerous ground. This may possibly be a case of "iritis," or a case of simple "conjunctivitis," for any eye disease is possible at any age. But if of spontaneous origin and from no apparent cause, it is much more likely to be a case of glaucoma: a disease in which the instillation of atropine would be most dangerous. The very first drop in the eye would increase every symptom The eye would become more injected. The pain, diffusing itself over the head and face, would be aggravated, and the vision more blurred, and possibly reduced to only the recognition of light. With this warning only the most careless would dare continue the instillation.

Those who are not brought in contact with eye diseases every day cannot be expected to make always a positive diagnosis in the obscure diseases of the eye. It would be safer for those general practitioners who have acquired the habit of prescribing atropia eye-drops to restrict its uses to patients under forty years of age. By so doing they may, now and then, neglect a case of "iritis" in an old person. At the same time, by abstaining from atropia instillations, they will protect their older patients, especially old women, when with eye troubles from very painful and serious complications.

114 W. Franklin St.

A CASE OF COMPOUND DEPRESSED FRACTURE OF THE SKULL, INVOLVING THE RIGHT FRONTAL SINUS.

By J. Thomas Wright, M.D., Salisbury, N. C.

[Written expressly for this Journal.]

Heeding the earnest appeal of the JOURNAL for original matter, I contribute this case with the hope that it may pre sent some salient and interesting points.

On January 12th I was called to see a negro boy æt. 20 years, who had been injured by the explosion of a gun. As I was told by the messenger that it was probably only a flesh wound, I took no instruments except a minor operating case, with some silk sutures and bandages.

Arriving upon the scene, I found the patient in a semi-comatose condition, with quite a severe wound above the right eye which was bleeding profusely, while the eye itself seemed to be entirely destroyed; the face, moreover, was blackened and burned with powder, and very much swollen. Upon interrogation I elicited the information that the breechpin of a gun had blown out, and bending upon itself had struck the patient over the eye, while the powder, dirt, etc., had found lodgement in the eye and face.

Suspecting—in fact, knowing—that there was something more serious than a mere scalp wound, I made an examination with my probe and was not surprised to find an extensive complete fracture of the frontal bone—the probe passing in without resistance, while I could distinctly feel the rough edges of the fracture. I only made a casual examination of the eye, as I deemed it totally destroyed, and then informed the congregated relatives of the extent of the injury, and advised immediate operation, which was accepted.

Accordingly I called in my venerable friend Dr. J. J. Summerell to assist me, and, after securing all necessary instruments, which I placed in a carbolized solution, I proceeded to render the wound as clean and aseptic as possible, using a carbolic and also a bichloride solution,

Chloroform was the anesthetic chosen, and the patient being anesthetized by Dr. Summerell, I made three incisions down to the bone, of about an inch and a half each in extent, one being directly upward, and the others to each side of the wound. Dissecting back the flaps, I laid bare the bone, controlling hemorrhage by pressure.

After removing all clots and cleansing the wound, I found a piece of bone the size of a quarter of a dollar driven in upon the brain, while numerous fragments, more or less movable, presented themselves.

I first removed all the fragments and spicules possible, then, with the aid of Dr. Summerell, succeeded, after considerable difficulty, in extricating the largest piece, which consisted of both tables of the skull, the inner being slightly fractured.

I had some difficulty, also, with a piece of the inner table which was freely movable, but was attached at one end near the superior longitudinal sinus. I feared that in detaching it I might in some way injure the sinus, but luckily did not, and after loosening removed it without further trouble.

I then examined the frontal sinus, and found its superior portion, or roof, entirely torn away and the sinus itself filled with splinters of bone, dirt and blood clots, all of which I removed, and then thoroughly washed it out with an antiseptic solution.

The patient had, previous to my arrival, been swallowing quite a quantity of blood, which had travelled down through his nose, from the sinus, into his pharynx. He afterwards vomited some of it.

After removing all sharp edges of bone and seeing that the wound was thoroughly clean, I used iodoform freely and brought the flaps together by silk sutures—drainage being provided for—and left the wound to heal by granulation.

I then again examined the eye, which was terribly swollen, and found grains of powder imbedded in the cornea, while the whole conjunctiva seemed filled with dirt and burnt powder. After cleaning it as well as I could, with warm water, I sprinkled a little iodoform in it and gave orders for the nurse to use sweet oil in and on it freely.

As the whole cornea was opaque and filled with powder-grains, I gave a bad prognosis in regard to its future use fulness.

The dressings, which were aseptic, completed the operation. The patient was put to bed and the small degree of shock treated by small doses of brandy with concentrated liquid food, while bottles of hot water were applied to the feet. Except light vomiting, he rallied well from the anesthetic and had a good night's rest.

The following morning I found his temperature 99\(\frac{1}{4}\), and gave him a saline cathartic, whereupon the temperature fell to normal, remaining there for several days. It, however, rose rapidly one morning, coupled with intense cephalalgia, which I found was caused by pent-up secretions, and upon properly washing and dressing the wound the unfavorable symptoms rapidly disappeared.

I put him on syrup hypophosphites with quinia, and also on a bichloride of mercury mixture with the bitter tonics. occasionally using morphia for pain The eye I treated by iodoform and instillations of a solution of atropia. It did a great deal better than I had anticipated, and, instead of being an useless organ, he can now count fingers at the distance of ten feet, and tell the time by the clock, etc. There still remains some opacity, which is fortunately, however, located on the lower half of the cornea and from mere observation not noticeable. The wounds healed rapidly, except the place left for drainage, which continued to discharge for some time—the space in the bone filling up with a hard fibrous substance.

The patient rapidly gained weight, and, excepting a slight scar, looks none the worse for the accident

Society Reports.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

Stated Meeting held in New York, October 4th, 5th and 6th, 1892.

TREATMENT OF GOITRE AND HYDROCELE
BY ELECTRICITY.

Dr. Charles R. Dickson, of Toronto, Canada, reported two cases, one of goitre and one of hydrocele, which he had treated by electricity. The first one was a multilocular cystic goitre, occurring in a young man. The positive electrode was placed between the shoulders, two insulated needles made of piano wire were connected with the negative pole and one inserted in the isthmus and the other in the left lobe. A current of 30 milliamperes was used for a few minutes, and then a small electrode was placed over the tumor, instead of at the back, and a current of 20 milliamperes employed for five minutes more. After the application a simple dressing was applied. treatment produced little change; so, thinking that greater benefit would eusue if the fluid in the cyst were a better conductor, the contents of the cyst were withdrawn with an aspirator, and the cyst then distended with an aqueous solution of chloride of sodium, one drachm to the ounce. After the electrical treatment with this solution it was withdrawn along with much gas. The cyst refilled, but much more slowly than it had done after simple tappings. The treatment was repeated, and then a compress applied so as to make firm pressure. After this, improvement, and he was in much better health. He firmly believed that a permanent cure had been obtained until, on writing to the patient quite recently, he learned that last June there had been some return of the swelling in the neck, and

that at present the patient was trying some quack remedy.

The lesson which he learned from this case was that the cyst wall should have been thoroughly obliterated and the treatment persisted in for a longer time. In the case of the hydrocele the patient had been tapped three times, the cyst refilling each time within three or four weeks, and he had once had carbolic acid and glycerine injected at two different times. Seven ounces of strawcolored fluid were then withdrawn and the sac filled with a warm salt solution, 20 grs. to the ounce, and the needles used much as in the other case. A current of 30 milliamperes was used for fifteen minutes, and then a current of 25 milliamperes for five minutes more. The sac was then emptied, and 'it was noted that the quantity of fluid had been considerably decreased and that there was much gas present. A borated dressing was applied. On the following day the testicles were strapped in order to close the walls of the sac. This same patient also had some spots of psoriasis on the forearm, scalp and chin, which had not yielded to treatment, notwithstanding the patient had consulted a number of eminent men. There was no specific history. To lessen the resistance to the passage of the current through these dry scales, they were moistened with salt and water and each spot treated for five minutes with a current of from 10 to 30 milliamperes, and, after repeating this treatment daily for five days, the spots were decidely improved. He then was directed to make use of a very mild chrysophanic acid ointment, 20 grs, to two ounces of lard.

Three months later there was no sign of the hydrocele, his general health was much improved, and he stated that the psoriasis had entirely disappeared three weeks after stopping the electrical treatment. When the injections of carbolic acid had been made, for the relief of the hydrocele, he had been compelled to quit work for several weeks, whereas, after the electrical treatment, he was able to resume work in a considerably shorter time. Regarding the strength of the current, the author said his endeavor was to use the mildest current which would prove curative, as many delicate structures were included between the poles. When introducing the needles into the goitre the patient should be directed to swallow; then, if the needle pierced the posterior wall, the external end of the needle would be raised during the act of swallowing. The strength of the current should be very gradually increased, and the interval between the operation should be at least one week.

DISCUSSION.

Dr. Herdman said that, in considering any form of treatment for goitre, one must bear in mind the great differences existing in the various stages of the disease. There are ordinarily three stages of enlargement, viz: (1) where there is a simple dilatation of the vascular structures; (2) a stage in which there is the formation of cysts; and (3) a fibrous condition due to an increase in the connective tissue substroma. The cystic form is identical with the condition existing in hydrocele, and, as in the latter condition, injections of such irritants as carbolic acid or iodine, yield better results than electrolysis. But the fibrous form is exceedingly refractory to internal treatment, and to most other methods, except the electrical treatment. The electrical treatment is quite tedious, but it is possible, by electrolytic action, to secure absorption, and at any rate better results are obtained than by any other method.

Dr. Kellogg agreed with the last speaker as to the limitation of electrolysis in the treatment of goitre, but it must be remembered that some patients will choose the electrical treatment rather than a cutting operation, even though the latter is much more likely to prove successful. He had been pleased with the method of injecting the cyst with a saturated solution of iodide of potassium, and then submitting it to electrolysis. The resulting decomposition with evolution of nascent iodine had a salutary effect on the lining of the membrane of the cyst.

Dr. Herdman remarked that he had also had satisfactory results with this method, but he had not been able to satisfy himself about the occurrence of this decomposition.

Dr. Kellogg replied that he knew that such a decomposition occurred, for, using the solution on the electrode in the treatment of fibroid tumors of the uterus, on withdrawing the electrode it was found deeply stained with iodine if the positive pole was employed.

The President said that the frequent reports of successes in the treatment of goitre by electricity had led him to try this method, but the results obtained gave him reason for thinking that many confounded the systematic recovery with an organic change in the goitre. The great obstacle to success was imperfect knowledge of the pathology of the condition. As the goitre is associated with exophthalmos and rapid action of the heart, we have long looked to the sympathetic systems for the cause. Erb has pointed out that the condition in these cases is often one of neurasthenia, and more recently we have been told that the changes observed are due to changes in the restiform bodies. He was now trying to follow out this idea

by applying the negative pole to the base of the brain and the positive pole to the forehead, and hoped in this way to secure an effect upon the restiform bodies Most of his cases had been treated by electro-puncture preceded by electrococaine anæsthesia, using an insulated platinum needle and the indifferent electrode on the back of the neck. had also tried long static sparks, had noted, as a rule, that the treatment was followed, after one or two months. by a diminution in the swelling of the neck and in the exophthalmos, with a reduction in the rapidity of the heart's action, but he had seen no remarkable diminution in the size of the goitre. To Gautier was due the credit of introducing the electro-chemical method, already referred to by the other speakers. This method Gautier now termed interstitial electrolysis.

Dr. Goelet said Gautier's results, particularly in the treatment of endometritis and in diseased conditions of the female urethra, had been very satisfactory. He used a solution of iodide of potassium (1 to 10) upon a cotton-wrapped platinum applicator, with a current of from 50 to 80 milliamperes for five to ten minutes.

Dr. Walker said he could recall many cases in which he had found electrolysis a most successful method of treating fibroid goitres. The cystic forms, like ædematous fibroids, did not come within the range of electrical treatment. first molded a tin electrode to the shape of the enlargement of the neck, filled it in with clay and covered it with two thicknesses of cheese cloth. The indifferent electrode was a large pad covered with absorbent cotton, and was placed between the shoulders. An assistant kept it constantly wet with a solution of bicarbonate of soda. Not the slightest discomfort was experienced from using a current of 100 to 120 milliamperes for ten to twelve minutes at a

time, and repeated three times a week. In the case of two adults the goitre had existed since childhood. Dr. Herdman said he would be doubtful of a given tumor being fibrous if it were of com. paratively recent formation, for fibrous changes develop slowly. The President had spoken of exophthalmic goitre, which is a very different condition from cystic goitre. He had never failed to cure a case of exophthalmic goitre. yet he had treated some very severe cases. He believed exophthalmic goitre to be due to an irritation of the nerve centres controlling the circulation at the heart. and, as a result of this irritation, contraction of Muller's muscle at the back of the eyeball is produced, giving rise to the exophthalmos. In accordance with this view of its pathology he employed "the reversed continuous current," with the positive pole over the tumor and the negative one over the cervical enlargement of the spinal cord. He had tried all forms of the induced and continuous currents, but had had better and quicker results from the method described.

The President said that he had also found the electrical treatment of exophthalmos uniformly successful, but had never seen any reduction in the size of the fibroid enlargement, although the associated exophthalmos and the anæmia would be relieved.

Dr. Dickson, in closing, said that those cases which were probably the least amenable to treatment occurred in girls of from 14 to 16 years of age, and these should on no account be punctured; galvanism of the sympathetic was more appropriate. His object in filling the cyst with a saline solution was not so much to produce any special decomposition as to make use of an electrode which would fill the whole cavity, and so bring all parts under the local action of the current.

A NEW TREATMENT OP PROSTATIC HY-PERTROPHY,

Dr. G. Betton Massey, of Philadelphia, Pa., said that, in order to understand the action of the current on the prostatic gland, one must remember that the bulk of this organ is made up of muscular tissue, and the chief feature in the treatment consisted in the development of the constringent power of the electric current. While mild currents are useful in superficial prostatitis, they will not answer in prostatic hypertrophy. Here "swelling currents" should be employed, the current being increased from 20 to 70 milliamperes, but only allowed to remain at the maximum strength for a few seconds. If the manipulations are conducted with scrupulous cleanliness and great gentleness, and the sittings repeated not oftener than every five days, the treatment will be followed only by a feeling of relief. The primary current is also used at each sitting, and the author considered it a valuable part of the treatment. He had found this same method also of service in a condition often associated with hypertrophy of the prostate, i. e., a diminished contractibility of the bladder. The speaker exhibited a homemade instrument which he had employed for this treatment. It consisted of a silver catheter with a large prostatic curve, which is covered with fuse rubber, except just at the eye. instrument being hollow, enabled one more easily to locate the position of its beak.

DISCUSSION.

Dr. Rockwell had been unable to obtain satisfactory results from the electrical treatment of these cases, either by the method described, which is the ordinary application, or by a number of others which he had tried. He had had an opportunity of treating, recently, a case of marked prostatic hypertrophy, on whom suprapubic custotomy had been previously performed, so that there was an unusually good opportunity for observation. With an insulated needle introduced through the abdominal opening, the prostate was pierced to the depth of one-quarter of an inch, and a current of from 15 to 30 milliamperes employed on several occasions, but when the current was finally increased to 50 milliamperes, the treatment was interrupted by the development of an orchitis. With the subsidence of this inflammation there was a notable decrease in the size of the prostate gland, allowing the patient to pass his urine quite freely. Afterwards the needle connected with the negative pole was introduced into the prostate through the rectum.

Dr. Massey, in closing, said that his experience in this treatment was limited to two cases, both successful. In the first one, that of a man 73 years old, who had been unable to urinate spontaneously, the patient had recovered this power, and had not lost it a year or more later. In the second case rectal touch showed a marked diminution in the size of the gland after the treatment.

Selected Papers.

A FEW SUGGESTIONS UPON THE TREATMENT OF FRACTURES.

By G. W. King, M.D., Helena, Montana.

Upon a former occasion I brought to your notice the subject of fractures, and in a general way demonstrated how unattainable were perfect cures by our present methods of treatment. It is my purpose at this time to discuss ways and means whereby we may lessen the probabilities of permanent deformity after fractures. That the outcome of these injuries is doubtful is evidenced by the fact that no reputable surgeon can conscientiously promise a perfect cure in any case. When the orthodox treatment fails, what are we to do? Follow it implicitly, instead of attempting to devise other and better means? The interests of our patients demand progress in all departments of surgery. Mechanical skill is therefore an essential qualification of the practical surgeon. Without it none can hope to excel, much less avoid many and serious blunders. The ability to see things mechanically, to detect ordinary imperfections, to know when they are out of shape or plumb, is not given to every one alike, nor can it be cultivated without persistent labor. Manual dexterity becomes as necessary to the operator as to the musician. Something more than the skill to read music fluently must be accomplished by the latter; his fingers are trained by constant practice to touch each key with accuracy at the proper instant; producing harmony instead of discord.

To know all the steps of an operation is one thing; to execute them in a masterly manner is another. Special training for the work is absolutely demanded in either case. There are very few cases strictly surgical that do not require the services of the hands as well as of the head.

One of the early writers, speaking of the qualifications of the surgeon, says: "He should have a firm, steady hand, not liable to tremble, and be no less dexterous with the left than with the right." When we consider how vast has been the field of research in medicine and surgery, and how rapid has been the progress of the latter in recent years, it is apparent that to become equally skilled in all departments is beynd the scope of the individual. There must, therefore, be in every physician's practice certain branches in which he becomes proficient at the expense of that which remains. The hurry and worry of general practice leave no time for special work—indeed, so exacting does it become that only those with extraordinary physical endurance can long withstand its demands.

Division of labor is therefore an advantage in that greater skill may be acquired by those whose work is limited to certain lines of practice. Naturally, the experience of one who treats but a single fracture in a year is not considered nearly as conclusive as that of one whose cases are numbered by the hundreds, and yet much may be learned from a single fracture, especially if it is complicated and turns out badly.

The principles laid down by writers centuries ago have not been changed—indeed, the indications are so plain that the most ignorant cannot mistake them. To place the broken ends of the bone in apposition and retain them, at the same time preserving the normal relation of the limb, is the sum and substance of all treatment. This is what the savage, with his thong of buckskin and sticks interwoven, attempts to do and often succeeds. This is what the skillful surgeon, with his splints and dressings, hopes to accomplish, and often fails, because he is bound by precedent, from which he cannot deviate without endangering his reputation.

The reduction or the so-called setting of the fracture is the most important part of the treatment. Whatever displacement persists under the first dressing is liable to become permanent. After effusion takes place and the muscles lose their elasticity, there is little hope of correcting longitudinal deformity.

The golden moment has passed. Accurate knowledge is necessary to enable one to decide when the reduction is complete, for it is possible for the normal contour of the limb to be preserved when the fragments of the broken bone are far asunder. If such a condition remains unrecognized until the swelling disappears, it will be too late to apply the remedy. The skillful handling of fractures is not so complete a matter as many believe it to be. Failure to approximate the fragments means months of suffering to the patient, a prolonged convalescence, and perhaps permanent disability. Look at the tremendous task imposed upon Nature when a fracture remains unreduced. The fibrinous material, instead of exuding between the fractured ends as it would do were they in apposition and kept quiet, must bridge over the intervening space at a great disadvantage. The only wonder is that union takes place at all.

Since reduction and retention is the treatment, it should be made as absolute as possible. Mobility of the fragments is directly antagonistic to prompt union. The excessive exudations caused by it must be subsequently got rid of by the slow and unsatisfactory process of absorption. Time is an important consideration to those who have to depend upon their daily labor for the support of themselves and families. It is among this class that such accidents most frequently occur. For humane reasons, then, as well as for his own reputation, the surgeon cannot afford to omit any of the details of treatment that are likely to aid in bringing about a speedy cure. The important question of how we shall put up our fractures cannot be definitely answered—the royal road has not been found.

Most of us have been familiar since our student days with all the plans recommended and in use. Yet, were we called upon at this moment, what form of retention from among the multitude would we choose? It might be urged with some reason that the choice would be governed by time and place, the means available, and so on. True, circumstances may have weight; emergencies must be met wherever they occur, whether our resources are limited or otherwise. Some forms of dressing are difficult to manage and require an expert

to succeed with them. Take, for example, the common board splint. He who attempts to fit it to the irregularities of a limb has my sympathy, for I know he has undertaken an impossible thing. He may be able to make a compromise that is all, and that compromise may be fraught with danger, for even a little tension applied to the wrong point will do irreparable injury to a broken limb. For this reason, and the constant readjustment necessary to make them of any use, they can now be profitably superseded by something better. After having tried most of the materials recommended for splints, I have come to rely upon the plaster-of-Paris bandage as the most efficient dressing for fractures vet intro-

Referring to personal experience, I have a record of 25 recent cases of fracture of lower extremities, comprising two intracapsular, one through condyles of femur, two through middle third of femur, eight of tibia and fibula, four of these being compound; two of the latter were accompanied by fractures of femur upon opposite side. There were twelve cases of fractures of fibula. Nearly all of these injuries were seen immediately after they occurred, and, with one or two exceptions, the plaster bandage was applied as a primary dressing. The result in the main was excellent. Two of the cases only presented any marked degree of disability. Both were what is known as "Pott's fracture," one being complicated with fracture of internal malleolus with wedging of the astragalus, rendering complete reduction impossible. The other patient recovered, with limited motion in the ankle-joint,

Now, as to the technique of applying the bandage. At our last meeting I exhibited sketches of an apparatus for that purpose. I now take pleasure in presenting you with the latest model of the instrument itself. As stated at that time, the principles involved in its construction are the application of extension and counter-extension, with the limb suspended and fully accessible. Assistants are not required, for the instrument itself is more reliable. After the limb is once placed in position and the tension applied, all that remains to be done is the simple application of the bandage. The traction is so steady and gentle that no pain is experienced during

the process. Muscular action—the principal obstacle to successful reduction is easily overcome, and we no longer have to see our patients writhing with pain while the twisting and pulling formerly practiced are going on. Another important consideration is that we are able to prevent displacement while bandaging the limb. After the plaster hardens the instrument is easily removed. It is usually preferable to lay the limb upon its outer side in the flexed position until all tendency to muscular spasm has passed away. There is then no objection to extending it horizontally, if the comfort of' the patient requires it.

Fractures of the arm and forearm can be reduced by the instrument with equal facility; and in emergency cases, where no assistance is at hand, the surgeon can by its aid apply his dressing in a thorough and workman-like manner immediately upon his arrival, avoiding the delay that sending for extra help would

occasion.

The plaster bandage may be used under nearly all circumstances, but its value is perhaps better appreciated in mining accidents, where transportation must greatly aggravate the injury. Here, by placing the patient upon a litter and applying the splint first, there is no possibility of doing further harm in hoist-

ing to the surface.

In regard to the convenience of the method, there is certainly less trouble in carrying the meterials than that of any other. A small, air-tight tin canister, capable of holding a small quantity of dry plaster and a few bandages, can scarcely be considered cumbersome. Enough for one or two dressings can always be kept in readiness, so that when the call is urgent, no time is lost in hunting up old splints and bandages, with the hope that they may be able to

do service until something better can be

I have but little faith in temporary dressings—in fact, do not believe in them at all. If the immediate reduction of a fracture is good surgery, then permanent retention is better. An additional half-hour spent in getting things just right, may save the surgeon many sleepless nights and exempt him from costly litigation later on. The only exceptions to be made are in those severer injuries where no attempt can be made

to set the broken bones at the time of the injury. Occasionally we have to deal with a troublesome oblique fracture, in which perfect retention is next to

impossible.

I have lately been conducting a series of experiments upon animals to determine the advisability of nailing the fragments together. I have succeeded in demonstrating that a clean steel nail is innocuous, and does not interfere with prompt union. Successful cases by this method have been reported. I shall certainly have no hesitancy in securing coaptation in that way should occasion offer.

Position in the reduction of fractures ought not to be overlooked. Here an intimate knowledge of anatomy is desirable. Take, for instance, a fracture through the middle or upper third of the forearm. To place the hand in a supine position during the setting of the fracture, and then to immediately twist it over to the semiprone and retain it there, appears to be a wanton transgression of mechanical principles, and often results in loss of function, Surgeons have from time to time noted the inconsistency, but hitherto have failed to profit by their own suggestions. There is no difficulty in retaining the arm in the supine position during the treatment if the plaster bandage is applied and carried well above the elbow, and finally the arm swung well back against the side and resting in a sling. After a week or ten days that portion extending above the elbow may, with advantage, be removed.

Here is an illustration of a case of comminuted fracture of the humerus that came under my care last summerone fracture at the surgical neck, the other above the condyles. The first application of the bandage did not include the elbow. The arm was bound to the side while the plaster was pliable. This, with the weight of the arm, reduced the displacement completely; at the end of a week this splint was removed and a new one applied from the wrist upward to the shoulder, holding it in rectangular position. The cure was rapid and satisfactory, and, aside from the application of the dressings, required no further care.

With increasing experience in the management of fractures, I can confi-

dently assert that, with the plaster-of-Paris bandage as a primary dressing, to be followed in the convalescent stage by the silicate of sodium, we can achieve the best results. I know, also, that the ever-varying conditions call for the exercise of great judgment as well as a practical knowledge of the art we practice.

Thorough honest work is the need of the hour. Into our hands come the unfortunate victims of a thousand accidents, stricken and mangled even unto death. Let us see to it that neither negligence nor incompetence on our part, shall send them forth crippled and deformed when it is within the power of human skill to prevent it. More time devoted to study and experiment, less to criticising and slandering our brother physicians, will ennoble the profession and make each member more worthy to practice the "divine art of healing," and more worthy to receive the reward "Well done!" when his labors are ended.—New York Medical Journal.

HEMORRHAGIC AND PURULENT PLEURISY, WITH A REPORT OF CASES.

By WILLIAM H. KELLEY, M.D., Cincinnati.

In introducing the subject of hemorrhagic and purulent pleuritic effusions and the treatment of these conditions, I would like to report two cases, illustrating the two diseases.

CASE I.

Alita H., æt. 19 months, a strong, beautiful child, but with a tubercular family history, a sister of mother and also a sister of father having died of phthisis. Was taken ill in August, 1891. The physician in attendance told the parents she had pleurisy. From the parents' account of the case she had fever, hurried and groaning respiration, and a hacking cough, which, however, did not at first appear painful, but after about two weeks became so painful that every cough caused the patient to cry. Fever was always present, ranging from highest elevation (104.5°) to a point where the attending physician said she was almost free from fever. The patient lost appetite, was sleepless, constantly fretting and worrying; became very thin and pale; could not lie down; had to be held in some one's arms, and was in a generally miserable plight.

This condition of affairs, with periods of apparent slight improvement, continued until I first saw the case, in the afternoon of November 20, 1891. I found the child thin and anaemic, a facial expression of marked suffering, hurried

respiration, alæ nasi working with every breath, and all the signs of dyspnœa; veins of neck and face somewhat distended and a swollen appearance of encountance. Temperature 102; pulse 160. Parents told me she had fever in the evening, but in the morning was free from fever; the evening rise of temperature went off about midnight with a night-sweat. Some cough, especially at night. Physical examination showed the right pleural cavity filled with fluid. Bronchial breathing and dullness posteriorly along vertebral column about internal end of spine of scapula; over rest of right lung absolute flatness. Intercostal spaces obliterated, and in lower part of the lung even bulging. Left lung normal except some bronchial râles, which accounted for the cough present. Other organs normal.

Aspiration with a hypodermic needle filled the syringe with greenish, rather thin pus. From the family history and that of the patient, the fluid was supposed to be purulent or hemorrhagic. The fact that the left lung was not much diseased, and that the right lung was compressed into so small a space, argued against a hemorrhagic effusion depending on a tubercular pleurisy; still there was possibly a tubercular process back of the purplet relaying.

The question now arose what to do. The child was almost worn out, unable to take nourishment, bowels deranged,

of the purulent pleurisy.

thin foul-smelling stools and the usual symptoms of advanced sepsis. A free opening and drainage as complete as possible was decided upon. Aspiration might afford temporary relief, but it is only exceptionally that one aspiration suffices to cure such cases, and it was feared that further suppuration, with the accompanying septic infection, would produce fatal exhaustion. The proposed treatment was stated to the parents, and after a few days they agreed to it. idea in the operation was to treat this case as any collection of pus would be treated—open at the lowest point and drain. The incision was made somewhat inside of the posterior axillary line and at the lowest point, when, with a clean hypodermic needle, pus could be aspirated.

The usual antiseptic precautions were followed. The patient was given a few whiffs of chloroform, and, expecting to be compelled to remove a piece of rib, the incision was made over and as close as possible to the lower edge of the rib, and the pleura opened. The pus was allowed to escape slowly, and as no cough or unfavorable symptom developed, the cavity was left to empty itself. When this had occurred it was found that the ribs fitted so closely that it would be impossible to drain with any tube without resecting a piece of rib. Taking a bone forceps, a triangular piece of bone, base below and apex above, was cut out and the pleural cavity thoroughly flushed with hot water until water returned clean. A soft rubber drainage tube was introduced and the wound stitched around the tube; an antiseptic bandage was applied over this. After the operation the patient began to improve, and went on to complete recovery.

The patient being in the country, Dr. T. T. Metcalfe, of Independence, Ky., took charge of the case, and his care and skillful attention had much to do with the rapid progress to recovery. Day by day he shortened the tube, until in two weeks it fell out and the wound closed. In about a week he noticed a slight bulging in the wound, opened it, and about half an ounce of pus escaped. The wound again closed, and since then the child is in robust health. The lung expanded, and outside of a line of dullness about a finger's width along the line of incision, the lung is as sound as the other.

CASE II.

The second case was not so successful. Clara J., about 12 years, always rather a delicate child, but had had no definite disease; lost one brother with "brain fever;" no other suspicious family history. Last winter the patient had an hæmoptysis which was rather profuse; a temperature of 104° for several days, with hard cough, bringing up a quantity of blood-red and frothy mucus. Several careful examinations of the chest were made, but nothing abnormal found in the. lungs. It was not believed to be grippe, and the case was kept under observation until May, 1892, when she went to the country, where she spent about six weeks. On her return she was the picture of health-cheeks round and rosy, no cough-and an examination of the chest still gave negative results. The case was lost sight of until November, 1892, when she was again seen, and found to have a temperature of 102°; pulse 120; could not lie down; marked dyspnœa; loss of appetite; sleeplessness; pale and pinched face. Examination showed flatness of left half of chest, except posteriorly along spinal column, where there was impaired resonance. Over this space along spinal column the respiratory murmur could be heard, somewhat sharpened and accentuated, but not amounting to bronchial breathing. In apex of right lung some jerky inspiration and prolongation of expiratory murmur, but as yet no marked impairment of resonance. Heart beat at right border of sternum. Other organs normal. Some trouble of left foot, to be mentioned

Here was a case where, from previous history, it was expected that the fluid was hemorrhagic, possibly purulent. Hypodermic aspiration showed it hemorrhagic.

The patient must be relieved, and, with the statement to the family that the fluid would almost certainly re-accumulate, aspiration was advised. This was done in the posterior axillary line in the seventh interspace, and about a quart and a half of bloody fluid withdrawn. She felt the usual relief in such cases; the fever, however, continuing. In five days the fluid in the pleural cavity became again appreciable, and, as a permanent cure could not be promised the

family, the case drifted into another physician's hands. The disease progressed to a fatal termination in about three weeks.

From what was heard of the further history of the case, it seemed that the fatal termination was due to the amount of fluid in the chest cavity, and not from further progress of the pulmonary trouble. After the aspiration the lung expanded fairly well, and there were no marked evidences of disease of the pulmonary tissue. The lung was adherent to the posterior wall of the chest; this was evident before aspiration. Outside of this the lung seemed to be in as good physical condition as could be expected after having been compressed as it was by the large fluid accumulation. The right lung was only in the first stage of the tubercular process, and there was no evidence of tuberculosis elsewhere, unless possibly in the tarsal bones of the left foot. Here, over the scaphoid and internal cuneiform bones, was a swelling not tender to pressure and not reddened; this enlargement was fixed, and apparently involving the bones. Once or twice this swelling had become red and tender, and on the plantar surface had opened, discharging a cheesy material. While the case was under observation there was no evidence of inflammation at this point. If this enlargement was a tubercular process, it may have been the focus of infection causing the pulmonany disease.

In this case aspiration was advised to relieve the immense intra-thoracic pressure, hoping that there would be no reaccumulation. Would the radical operation, on the principle of laparotomy for tubercular peritonitis, have more favorably influenced the disease? Authorities are against it, but innovations must fight

for existence.

The causes of pleuritic effusions, purulent and hemorrhagic, may be local or systemic. Probably the local condition is causative of more purulent collections than hemorrhagic ones. A simple serofibrinous or hemorrhagic fluid may become purulent. Repeated aspirations, admission of air into the pleural cavity, etc., are causes assigned when this change occurs. Without any surgical interference this change may occur, especially with children.

The effusion may begin very early as a purulent fluid; Wilson Fox calculates this proportion of cases at from 14 to 20 per cent. of all purulent pleurisies. Purulent pleurisy may depend upon caries of a rib, traumata of the chest, abscess of the thoracic wall, and such causes as would produce pus in another part of the body. It may follow scarlet fever, measles, or any disease producing marked depression of the general health. It may depend upon gangrene of the lung, tubercular cavities rupturing into the pleural cavity. Attimont found 18 per cent. of fatal cases of purulent pleurisy to depend upon tubercular disease.

In purulent effusions in the pleural sac we may have sacculated conditions of the new-formed membrane, giving separate: pus collections, distinct from each other and from the general pleural cavity. Hemorrhagic fluid in the pleura may depend upon a simple pleuritic inflammation, but most frequently upon tubercular or cancerous disease. Trousseau held that malignant growths caused all hemorrhagic pleurisies. Hemorrhagic effusions may follow any condition characterized by profound changes in the condition of the blood. After any pleurisy with adhesions of pleura and formation of new membranes, the sudden ex pansion of the lung, stretching and tearing the tissues, may cause hemorrhagic effusion.

Dieulafoy claims that each cubic millimeter of effused fluid must contain at least 5,000 red blood-corpuscles before the fluid can be considered hemorrhagic.

The source of the blood in these cases is from the new membranes resulting from the inflammatory action; and from the tubercular or cancerous growth. In some cases of intense congestion, the red blood-cells may escape by diapedesis as do the white corpuscles.

A hemorrhagic pleurisy may become purulent; in fact, Dieulafoy claims that every purulent pleural effusion was originally hemorrhagic in character.

In cases of purulent or hemorrhagic effusion in the pleural cavity dependent upon a tubercular process it would be expected that the tubercle bacillus could be easily demonstrated in the fluid, and thus there would be a reliable method of determining the simple from the tubercular variety. Jaccoud and Rosenbach insist upon the fact that it is very diffi-

cult to detect the bacilli in any pleuritic fluid, while Ehrlich claims that this holds good only of sero-fibrinous effusious. The absence of the bacillus does not positively demonstrate the non-tubercular nature of the process; in such cases inoculation experiments must decide. Excluding cases with appreciable tubercular disease of lung tissue, it may be very difficult to determine the nature of the case in hand. This is, of course, important to us, as it influences the prognosis.

As to the diagnosis, any one who determines the presence of fluid in the chest cavity can, with a clean hypodermic needle, easily determine the nature of that fluid. Objections have been raised that the aspiration with even a hypodermic needle would admit air, which, in case of a sero-fibrinous effusion, would convert it into a purulent fluid. This can only happen in rare cases, and that usually with those who not careful as to the cleanliness of

instruments.

As to the treatment of hemorrhagic or purulent effusions in the pleural cavity, of course indications must decide. When a large effusion is present, causing intense dyspnœa, in order to increase the breathing space, and thus promote the comfort of the patient, the fluid must be partially or entirely withdrawn. This, of course, can be done by aspiration, and thus is fulfilled every indication of palliative treatment. When, however, the subject of curative treatment comes into discussion, the question arises, Is simple aspiration sufficient? In hemorrhagic effusions the surgical authorities deem aspiration, repeated as often as may be necessary, sufficient.

In the vast majority of hemorrhagic effusions there is a constitutional cause, which is not amenable to local treatment; here aspiration is almost solely a palliative treatment. The withdrawal of the fluid improves the condition of the patient in so far as it relieves the dyspnœa, and the pleura and lungs of the effused material. This gives a better chance to improve the constitutional condition, and thus relieve the cause of the pleural irritation. An important proportion of the hemorrhagic cases depends upon tubercular infiltration of the pleura and the pulmonary tissue just under that

membrane.

It has been suggested that, if there are no appreciable tubercular deposits in other parts of the body, and the affected lung is not seriously involved. complete drainage should be substituted

for simple aspiration.

The surgical treatment of tubercular peritonitis has been successful in at least 50 per cent. of cases. The usual laparotomy for tubercular peritonitis is no more than removal of the fluid and flushing out the peritoneal cavity. Aspiration of the fluid and flushing the pleural cavity would do as much in tubercular pleurisy unless the laparotomy itself has some unexplained dynamic force.

In purulent pleurisy the choice between aspiration, with or without flushing the cavity, and a free incision, with or without resection of a portion of rib, presents itself. Authorities advise one or two aspirations before incision, especially in children, while other authorities, Schede, Curschmann, Fræntzel, Von Ziemssen and others, believe in the immediate radical operation. This choice may be modified by the condition of the patient; if there is a fair general condition, no marked septic symptoms, aspiration might prove successful. Jacobi reports three cases in children cured by a single aspiration in each case. One French observer (Bouchet) reporrs one case cured after 33 aspirations. Between these two extremes the number of aspirations necessary to a cure varies. Few operators of the present day, however, would possess the perseverance of the Frenchman, and would have soon resorted to the radical procedure. Bowditch, who, with Wyman, has made aspiration the popular method of treatment for pleuritic effusions, advises three aspirations, and if pus re-accumulates, then the radical operation.

How much fluid shall be withdrawn? Authorities again differ; a few advocating the removal of only a small quantity; but with the modern horror of accumulated pus anywhere in the human economy, the general rule is to remove as much pus as possible, and then flush out the cavity with antiseptic fluid or simple boiled water. Adhesions between layers of pleura may encapsulate pus, and there may be pus cavities separate and distinct from the general pleural space. These, of course, will require aspiration and flushing before a cure can

be expected. The radical operation was for a long time considered the last resort, and was only used where all other means of treatment had failed. With our present precautions as to cleanliness and asepsis the operation has come into more general use.

The choice of the method of operation is of no importance, provided the surgical requirements of the case are filled—to remove all the pus through an incision at the lowest safe point of the pleural cavity, maintain an opening sufficient for complete drainage of all discharge, and prevent infection of the

pleural sac.

As to the location of incision, every operator has his choice—whether posteriorly or anteriorly, high or low-but it seems the best surgical practice to make the incision posteriorly and as low as safe. The upper surface of the diaphragm, which is the lower limit of the fluid, extends lower posteriorly than anteriorly, and thus we reach the most dependent portion of the fluid, and with a free incision we have the most suitable conditions for complete drainage. incision should be large enough to admit one finger, which should be passed into the pleural cavity to determine if there are masses of new membrane loose and needing removal, and to thoroughly open all pus cavities shut off from the general cavity. In children it is usually necessary to remove a piece of rib to make space for the drainage; otherwise the ribs lie so closely together that the pressure would close the tube and prevent the all-important free drainage. Allow the accumulated fluid to escape slowly, watching carefully for increased oppression of breathing, collapse or other unfavorable symptoms. If such should develop, with a surgically clean cloth or antiseptic cotton over the incision stop the flow until matters have adjusted themselves. Then allow the flow to again commence and continue until all flow stops. Then irrigate the cavity with an antiseptic wash or sterilized water until it returns clear. Now comes the important step in the operation—the drainage-tube. You may use soft rub ber, hard rubber, silver, etc., but the best is a medium-sized soft rubber tube; this is soft and does not by counter-pressure irritate the surrounding tissues. Have it long enough to extend to the deepest

part of the pleural sac and fix it in the wound. Then close the wound up to the tube and place antiseptic dressing over all. Dressing will need changing every day for several days; then you may begin to shorten the tube and gradually decrease it until it is finally removed entirely and the wound allowed to close. During the after treatment have the patient so placed as to bring the wound as low as possible. Give nourishing food, plenty of fresh air and tonics. As soon as possible have the patient commence deep inspirations to expand the lung and stretch old adhesions.

In this cursory paper many important points have been omitted or just mentioned. These, it is hoped, will be brought out in the discussion, and give some member of the Academy a point upon which to hang an argument.

It would be interesting to hear the experience of the members in treating hemorrhagic pleuritis, and if, in cases resisting repeated aspirations, any other operative procedure had been adopted.

DISCUSSION.

Dr. F. Kebler: It is going rather far when a man who is not a surgeon discusses a suject of this character, and especially so when he questions the operation. I would first question the advisability of using the hypodermic needle in diagnosis. It seems to me that a hypodermic needle is very apt to lead us astray. If, by the use of the hypodermic needle, you get fluid, you can tell something; if you get no fluid, you can tell absolutely nothing. The fluid, in the first place, may be so thick that it cannot flow through the needle. I have seen several cases where the hypodermic needle revealed nothing and subsequent aspiration revealed pus. If we do not find pus, we think the hypodermic needle at fault, and then use a larger needle. Now, why not use the larger needle at first? An ordinary aspirator needle can do no more harm than a small hypodermic needle. Very often we find flakes of lymph mixed with the pus, which will not enter the hypodermic needle. Again, sometimes the walls are so thick that the hypodermic needle cannot penetrate to the fluid. Therefore, I would ask whether a properly prepared aspirator needle is not just as safe and infinitely

better than a hypodermic needle. In regard to the advisability of aspiration as a means of cure, I have personally never seen a case where a purulent effusion in the pleura was cured by aspiration, and so firmly convinced am I of the fact that empyema is a surgical disease, that in hospital practice, when I find pus coming into the aspirator, I do not withdraw all the pus, but stop the aspiration immediately and turn the case over to

the surgeon.

Dr. Joseph Ransohoff: It has been my good fortune to see a few cases of empyema. I am certainly under-rating, rather than over-rating, when I say I have operated upon fully thirty cases, I have come to very near the same conclusion as Dr. Kebler, viz: that we should not draw off the pus, but should proceed to the thorough drainage of the cavity. Nothing truer has been said on the floor of the Academy than has been said by the same speaker in reference to the hypodermic syringe. In a thick walled chest it will not begin to touch the pleura, even if it is normal, and in an individual with considerable fat it is necessary to have a needle at least one and one-half inches in length. Now, it is not very convenient to carry an aspirator with you; it is just as easy to carry a needle measuring an inch and a half to two inches in length. This is sufficient to draw away a few drops. If the fluid is too thick to come through, you may get a fluid sufficiently tinged to at least show that pus is there.

Regarding the etiology of pus in the chest a great deal has been said. If you will trace the history of such cases as you may recall, it will be surprising how many cases which seemed to have been cured by one or two tappings, finally, after a few years, go on to a fatal termination, with the ordinary manifestations of pulmonary tuberculosis. The pus is formed by the germs, either in the cavity or brought there by the aspiration. As to whether suppuration be produced there, I think has not been shown, but I think it can be safely said that the tubercular bacilli can produce pus. It is rare that a cavity of a tubercular character goes through the pleura sack. I will ask our pathologist how frequently he has found cases of empyema caused by the rupture of the pleura,

Dr. Kebler: Very rarely indeed.

Dr. Ransohoff: Indeed, it may be said, if there is such a cavity perforating into the chest, purulent affection may not take place, for there seems to be a kind of filtering process going on. For example, where a rib breaks and damages the lung, so air goes into the lung, suppuration is not the ordinary result. The tubercular bacillus is capable of producing suppuration or pus. Now, why should it not do this in the chest as well as in some of the joints. It is not uncommon in the knee, for instance, to find pus where there has been no injury to the knee, and not unfrequently the suppuration is not simply cheesy matter, broken-down tissue, but the ordinary pus. An ordinary tuberculosis, per se, can produce pus. Cases which run on without any very great elevations of temperature, are, for the most part, of tubercular character. There is another form of empyema, which occurs more frequently in children, in which the inception comes with all the manifestations of pneumonia. These are the cases in which we have pneumonia involving also the pleura, and suppuration into the pleura, which I am certain occur very frequently. In ten or fifteen days suppuration is usually present. In a case upon which I operated the pus was found on the lifteenth day, and the chest was opened on the seventeenth. The fact that the pneumococcus can produce pus has been pretty well proven. If we were to exclude the tubercular and the pleurapneumonic empyemas, we would exclude about 95 per cent. of cases of empyema.

Regarding the treatment of empyema, it is safe to say it is not a medical condition. It may be caused to disappear by applications, and in children by early aspiration a cure may be effected, but I have never seen a cure of empyema by aspiration. Dr. Wenning reported a case which was aspirated, and the man died suddenly about a year after the operation, and the chest was then found to be full of pus. Now, what is to be done? Drainage is the first thing. The lowest portion is the eleventh intercostal space behind, but I do not think the essayist would think it well to drain so far down. It would not be well to make an incision so far down, because cases which are of two or three months' standing are almost

sure to have adhesions present, which will not allow the lung to expand at once, If you have adhesions which will not let the lung come down, the diaphragm will be drawn up and fill the space. Therefore I do not think the lowest point is the one where we should make the incision. The incision into the pleural cavity is one of the simplest operations in surgery, in children, where we have such an exceedingly yielding chest wall, and where no adhesions have taken place, it is only necessary to make an incision. I have never had occasion to excise a piece of the rib, as the essayist has mentioned. My friend, Dr. Kebler, asked the advisability of using antiseptic dressing after the incision is made. I will state that we then have to look out for other things than the germs of suppuration. For instance, we might have erysipelas germs carried in. In empyema operations the wound, after twenty-four hours, is not where you put it. When you take the incision in the ordinary manner, the retractors are brought into the soft parts, and the intercostal space opened. After the operation the muscles contract and the opening in the chest cavity is in reality the narrow end of a funnel, and there is nothing better in the world for the retention of pus than is here presented. Now, the patient upon whom I operated has not only the scar which I made, but has numerous scars from the shoulderblade to the coccyx.

We can usually tell from the temperature chart whether there is any other septic condition than that of the empyema. I understood the essayist to say that he put in as long a tube as possible. I have gotten over this practice for the reason that, if the lung expands at all, the tube will give rise to coughing. course, where the lung is bound down and the pleura is thick, the tube can do no harm by coming in contact with the pleura. But, under ordinary circumstances, if the tube comes in contact with the pleura it will cause coughing. Therefore I use a tube of just sufficient length to come through to the pleura cavity. In adults where the trouble is acute, we will ordinarily get along with just incision, but where the case is of

long standing, the wound may need further treatment. A portion of the rib excised will not usually relieve the trouble, and we may have to take out two or three ribs.

Dr. Kelly (closing): The object of using a hypodermic needle is that it is a smaller needle, and is therefore not so likely to cause damage as a larger one.

In regard to the location of the incision and the length of the tube, I did not intend to say to make the operation as low as possible, but simply as low as safe, and not to put in a tube as long as possible, but one that is of sufficient length. The incision is not the principal thing, but the important point is the complete drainage. The location of the incision will, of course, depend upon the condition of the lung. If the lung seems to be adherent, it would be advisable not to make the incision as low down, or put in as long a tube as you would otherwise. In the case which I reported, after the fluid had exhausted itself I could not introduce the tip of my little finger between the ribs, it seemed that when the intra-thoracic pressure was relieved there was a collapse of the ribs, and they seemed to over-lap each other like shingles. I was striving after complete drainage, but did not want to use a very stiff rubber tube for fear it would cause irritation; therefore I exsected a piece of the rib. The idea was to get a piece of the rib out of the way in order to allow space for the

I hoped some of the speakers would pay attention to the hemorrhagic effusion, for I have had but one case. The authorities do not pay any special attention to it, and I would like to learn whether a radical operation would do the hemorrhagic effusion any good. In a case of tubercular hemorrhagic effusion one German has performed a radical operation and used an emulsion of iodoform in the pleural cavity, and claims to have cured his patient. The authorities usually speak against the use of very strong injections into the pleural cavity. and some of them decry even irrigation, and claim the pus should be allowed to flow out as best it can, and then the case should be drained.—Lancet-Clinic

A BILL TO BE ENTITLED AN ACT RELATING TO THE BOARD OF HEALTH.

The General Assembly of North Carolina do enact:

Section 1. That the Medical Society of the State of North Carolina shall choose from its members, by ballot, four members, and the Governor of the State shall appoint five other persons (one of whom shall be a sanitary engineer), and they shall constitute "The North Caro-

lina Board of Health."

Sec. 2. The members of the Board of Health elected by the State Medical Society shall be chosen to serve two years. Their term of office shall begin immediately upon the expiration of the meeting at which they were elected. Those appointed by the Governor shall serve two years, their term of office beginning with the first regular meeting of the Board after their appointment. In case of death or resignation, the Board shall elect new members to fill the unexpired terms; Provided the Governor shall fill such vacancies as may occur where he has made appointments.

Sec. 3. That the North Carolina Board of Health shall take cognizance of the health interests of the people of the State, shall make sanitary investigations and inquiries in respect to the people, employing experts when necessary; shall investigate the causes of disease dangerous to the public health, especially epidemics, the sources of mortality, the effects of locations, employments and conditions upon the public health. They shall gather such information upon all these matters for distribution among the people, with the especial purpose of informing them about preventable diseases. They shall be the medical advisers of the State, and are herein specially provided for, and shall advise the Government in regard to the location, sanitary construction and management of all State institutions, and shall direct the attention of the State to such sanitary matters as, in their judgment, affect the industries, prosperity, health and lives of the people of the State. They may make an inspection once in each year, and at such other times as they may be requested to do so by the State Board of Charities, of all public State institutions, including all convict camps

under the control of the State Penitentiary, and make a report as to their sanitary condition, with suggestions and recommendations to their respective boards of directors or trustees, and it shall be the duty of the officials in immediate charge of said institutions to furnish all facilities necessary for a thorough inspection. The Secretary of the Board shall make biennially to the General Assembly, through the Governor,

a report of their work.

Sec. 4. The State Board shall have a President and a Secretary, who shall also be Treasurer, to be elected from the members composing the Board. The President shall serve two years and the Secretary-Treasurer two years. The Secretary-Treasurer shall receive such yearly compensation for his services as shall be fixed upon by the Board, not to exceed one thousand dollars; but the other members of the Board shall receive no pay, except that each member shall receive four dollars a day and necessary traveling and hotel expenses when on actual duty attending the meetings of the Board or pursuing special investigations in the State, but when attending important sanitary meetings in other sections, the number of delegates thereto being limited to two, only actual traveling and hotel expenses shall be allowed. These sums shall be paid by the Treasurer on authenticated requisition approved and signed by the Presi-

Sec. 5. There shall be an auxiliary board of health in each county in the State. These boards shall be composed of all registered physicians resident in the county, the mayor of the county town, the chairman of the Board of County Commissioners and the City Surveyor, where there is such an officer, otherwise the County Surveyor. From this number one physician shall be chosen by ballot, to serve two years, with the title of Superintendent of Health. His duty shall be to gather vital statistics upon a plan designated by the State Board of Health. He shall always promptly advise the Secretary of the State Board of the unusual prevalence of disease in his county, especially of typhoid fever, scarlet fever, diphtheria, yellow fever, small-pox or cholera. His reports shall be made regularly, as advised by the State Board, through their Secretary, and he shall receive and carry out, as far as possible, such work as may be directed by the State Board of Health. He shall make the medicolegal postmortem examinations for coroners' inquests and attend to prisoners in jail, home for the aged and infirm and house of correction, and make an examination of lunatics for commitment. He shall be the sanitary inspector of the jail and home of his county, making monthly reports to the Board of County Commissioners: Provided, that if for any cause the County Board of Health should fail to meet as hereinafter set forth and elect a Superintendent, the County Commissioners shall elect from those physicians resident in the county, eligible to membership in the County Board, a Superintendent of Health: Provided further, that it shall be unlawful for said County Commissioners to elect anyone not eligible to membership in the County Board to the office of County Superintendent of Health, if any such qualified physician can be found in the county willing to accept the office.

Sec. 6. Monthly returns of vital statistics, upon a plan to be made by the State Board of Health, or their Secretary, acting under their instructions, shall be made by the County Superintendent to the Secretary of the State Board, and a failure to report by the 10th of the month for the preceding month, shall subject the delinquent to a fine of one dollar for each day of delinquency, and this amount shall be deducted from the salary of the Superintendent by the Board of County Commissioners on the statement of such delinquency by the Secretary of the State Board of Health; and the said Secretary is hereby required to notify, on the 11th day of each month, the chairman of the Board of County Commissioners of such delinquency. The County Superintendent shall report to the Secretary of the State Board the presence in his county of any case of small-pox, yellow fever, typhus fever or cholera, within twenty-four hours after it has come to his knowledge, and upon failure to make such report within the prescribed time, the County Commissioners shall deduct five dollars from his salary for each day of delay in

reporting.
Sec. 7. The salary of the County Superintendent of Health shall be paid out of the county treasury upon requisition and the proper vouchers, as follows: The salary of the Superintendent of Health, or any other member of the Board who is required to do the service assigned him, shall be in accordance with the medical fees usual in his county, and for each inspection of the jail and county home which he shall make monthly, he shall be paid as for one medical visit: Provided, that a definite salary of not less than ten nor more than one thousand dollars may be paid in lieu of fees, if mutually agreeable to the Board of County Commissioners and the County

Superintendent.

Sec. 8. The biennial meeting for the election of officers shall be, for the State Board of Health, on the second day of the annual meeting of the Medical Society of the State of North Carolina in 1893, and every two years thereafter. For the county boards it shall be held in the county court-house between the hours of 12 m, and 1 p. m. on the first Monday in September, 1893, and each two years thereafter: Provided, that the two year term of office of any superintendent shall not be curtailed thereby, but his successor, who shall be elected at the meeting on the first Monday in September, 1893, shall qualify upon the expiration of said term and hold office until the first Monday in September, 1895, when all county superintendents shall be elected for the full term of two years, beginning and ending with the first Monday in September. In order to secure uniformity and certainty of action. it shall be the duty of the Secretary of the State Board of Health to mail to every person in the State eligible to membership in the county boards of health, whose address can be obtained, on or before the twentieth day of August next preceding the time of meeting hereinbefore appointed, a printed notice of said meeting setting forth time and place.

Sec. 9. Inland quarantine shall be under the control of the County Superintendent of Health, who shall see that diseases especially dangerous to the public health, viz: small-pox, diphtheria, scarlet fever, yellow fever, typhus fever

and cholera, are properly quarantined and isolated within twenty-four hours after the case is brought to his knowledge, and that after the death or recovery or removal of a person sick of either of the diseases mentioned, the rooms occupied and the articles used by the patient are thoroughly disinfected in the manner set forth in the printed instructions, both as to quarantine and disinfection, which shall be furnished him by the Secretary of the State Board of Health. The expense of the quarantine and of the disinfection shall be borne by the householder in whose family the case occurs, if able, otherwise by the city, town or county of which he is a resident. A failure on the part of a County Superintendent of Health to perform the duties imposed in this section shall be punished by the deduction of five dollars for each day of delinquency from his salary by the Board of County Commissioners; and if it shall appear to the satisfaction of the County Board of Health that the death of any person from the spread of the disease can justly be attributed to such a failure of duty on his part, he shall be deposed from office and a successor immediately elected to fill out his unexpired term. Any person neglecting or refusing to comply with, or in any way violating the rules promulgated in the manner above set forth on the subjects of quarantine and disinfection, shall be deemed guilty of a misdemeanor, and upon cocviction shall be fined or imprisoned, at the discretion of the court, not less than five nor more than fifty dollars, or less than ten nor more than thirty days. In case the offender be stricken with the disease for which he is quarantinable, he shall be subject to the penalty on recovery unless, in the opinion of the Superintendent, it should be omitted: Provided, however, that in any city or incorporated town having a regularly appointed medical health officer who is a member of the County Board of Health, the duties assigned in this section to the County Superintendent of Health shall be performed by the said medical health officer for the people of his city or town, and he shall be subject to the same penalties for dereliction of duty at the hands of, the Board of Aldermen or Town Commissioners as are directed to be imposed by the County Commissioners and County

Board of Health upon the County Superintendent: Provided, further, that the quarantine of ports shall not be interfered with, but the officers of the local and State boards shall render all aid in their power to quarantine officers in the discharge of their duties upon the request of the latter: Provided, that the custody and care of any child, or other person, may remain in custody or care

of parent or family.
Sec. 10. When a householder knows that a person within his family is sick with either of the diseases enumerated in section nine, he shall immediately give notice thereof to the health officer or mayor, if he resides in a city or an incorporated town, otherwise to the County Superintendent of Health, and upon the death, or recovery, or removal of such person, the rooms occupied and the articles used by him shall be disinfected by such householder in the manner indicated in section nine. Any person neglecting or refusing to comply with any of the above provisions, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than one dollar nor more than fifty dollars.

Sec. 11. When a physician knows that a person whom he is called to visit is infected with small-pox, diphtheria, scarlet fever, typhus fever, yellow fever or cholera, he shall immediately give notice thereof to the health officer or mayor, if the sick person be in a city or incorporated town, otherwise to the County Superintendent of Health, and if he refuses or neglects to give such notice of it in twenty-four hours, he shall be guilty of a misdemeanor, and shall be fined for each offense not less than ten nor more than twenty-five dollars. And it shall be the duty of the said County Superintendent, health officer or mayor receiving such notice of the presence of a case of small-pox, yellow fever, typhus fever or cholera within his jurisdiction, to communicate the same immediately by mail or telegraph to the Secretary of the State Board of Health. A failure to perform this duty for twenty-four hours after the receipt of the notice, shall be deemed a misdemeanor, and shall subject the delinquent, upon conviction, to a fine of not less than ten nor more than twenty-five dollars.

Sec, 12. The County Superintendents

of Health or the Boards of Health in the several cities and towns where organized, otherwise the authorities of said cities or towns shall cause a record to be kept of all reports received in pursuance of the preceding sections, and such records shall contain the names of all persons who are sick, the localities in which they live, the diseases with which they are affected, together with the date and names of the persons reporting any such cases. The Boards of Health of cities and towns, wherever organized, and where not, the mayors of the same. and in other cases the County Superintendents of Health, shall give the school committee of the city or town, the principals of private schools and the Superintendent of Public Instruction of the county, when the schools are in session, notice of all such cases of contagious diseases reported to them according to the provisions of this act. A failure to perform this duty for twenty-four hours after the receipt of the notice, shall be deemed a misdemeanor, and subject the delinquent, upon conviction, to a fine of not less than ten nor more than fifty dollars.

Sec. 13. The school committees of public schools, the superintendents of graded schools and the principals of private schools shall not allow any pupil to attend the schools under their control while any member of the household to which said pupil belongs is sick of either small-pox, diphtheria, measles, scarlet fever, yellow fever, typhus fever or cholera, or during a period of two weeks after the death, recovery or removal of such sick person; and any pupil coming from such household shall be required to present to the teacher of the school the pupil desires to attend a certificate from the attending physician, city health officer or County Superintendent of Health, of the facts necessary to entitle him to admission in accordance with the above regulations. A wilful failure on the part of any school committee to perform the duty required in this section shall be deemed a misdemeanor, and upon conviction shall subject each and every member of the same to a fine of not less than one nor more than twentyfive dollars: Provided, that the instructions in accordance with the provisions of this section given to the teachers of the schools within twenty-four hours after the receipt of each and every notice. shall be deemed performance of duty on the part of the school committee. Any teacher of a public school and any principal of a private school failing to carry out the requirements of this section shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than one nor more than twenty-five dollars.

Sec. 14. When a person coming to a city or a town from abroad, or from some other place in this State, is infected or has lately been infected with either of the diseases mentioned in section nine, the local Board of Health, where such exists, otherwise the Board of Aldermen or Board of Town Commissioners, shall make effective provision in the manner which it judges best for the safety of the inhabitants, by removing such person to a separate house or otherwise, and by providing nurses and other assistance and necessaries, which shall be at the charge of the person himself, or his parents, where able, otherwise at the charge of the city, town or

county to which he belongs.

Sec. 15 The Board of Health, or in case there is no Board of Health, the Board of Aldermen or Town Commissioners of a city or town near to, or bor dering upon, either of the neighboring States, may appoint by writing, suitable persons to attend at places by which travelers may pass from infected places in other States, who may examine such travelers as may be suspected of bringing any infection dangerous to the public health, and, if it need be, may restrain them from traveling until licensed thereto by the Board of Health, or Board of Aldermen, or Town Commissioners of the city or town to which they may come. A traveler coming from such infected place, who, without such license, travels within this State (except to return by the most direct route to the State whence he came) after he has been cautioned to depart by the persons so appointed, shall be isolated or ejected, at the discretion of the local city or town or county board of health, and upon refusal to comply with the regulations of the said boards of health, or either of them, on this subject, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than twenty-five nor more than fifty dollars, or imprisoned not more than thirty days. And all common carriers bringing into this State any such persons as named above, are hereby required to return them to some point without this State, if required by a city, town or county board of health. Nothing in this section shall prevent the State Board of Health, in time of epidemics, from appointing such additional examiners as they may deem necessary to the preservation of the

public health. Sec. 16. No railroad corporation, or other common carrier or person, shall convey or cause to be conveyed, through or from any city, town or county in this State, the remains of any person who has died of small-pox, measles, scarlet fever, diphtheria, typhus fever, yellow fever or cholera, until such body has been disinfected and encased in such manner as shall be directed by the State Board of Health, so as to preclude any danger of communicating the disease to others by its transportation; and no local registrar, clerk or health officer, or any other person, shall give a permit for the removal of such body until he has received from the Board of Health of the city, or from the Board of Aldermen or Town Commissioners, the County Superintendent of the city, town or county where the death occurred, a certificate stating the cause of death, and that the said body has been prepared in the manner set forth in this section. which certificate shall be delivered in duplicate to the agent or person who receives the body, and one copy shall be pasted on the box containing the corpse; said certificate shall be furnished in blank by the transportation company when no local board of health exists. During an epidemic of cholera all common carriers shall so arrange their waterclosets as to catch in water-tight receptacles the dejections of all persons using the same, and shall disinfect the said dejections in a manner satisfactory to the State Board of Health before emptying them. Any person violating the provisions of this section shall be punished by fine not exceeding twenty five dollars.

Sec. 17. In times of epidemics of small-pox, yellow fever, typhoid fever, scarlet fever, diphtheria, typhus fever or cholera, the State Board of Health shall have sanitary jurisdiction in all cities

and towns not having regularly organized local boards of health, and are hereby empowered to make all such regulations as they may deem necessary to protect the public health, and to enforce the same in courts of justices of the peace by the imposition of such penalties as come within the jurisdiction of a Justice of the Peace.

Sec. 18. Water and Water-Supply.—
The State Board of Health shall have the general oversight and care of all in land waters, and shall, from time to time, as it may deem expedient, cause examinations of the said waters to be made for the purpose of ascertaining whether the same are adapted for use as sources of domestic water-supplies, or are in a condition likely to impair the interests of the public or persons lawfully using the same, or imperil the public health. For the purpose aforesaid, it may employ such expert assistance as may be necessary.

Sec. 19. The said Board shall, from time to time, consult with and advise the boards of directors of all State institutions, the authorities of cities and towns, corporations or firms already having, or intending to introduce, systems of water-supply, drainage or sewerage, as to the most appropriate source of supply, the best practicable method of assuring the purity thereof, or of disposing of their drainage or sewage, having regard to the present and prospective needs and interests of other cities, towns, corporations or firms which may be affected thereby. All such boards of directors, authorities, corporations and firms are hereby required to give notice to said Board of their intentions in the premises, and to submit for its advice outlines of their proposed plans or schemes in relation to water-supply and disposal of sewage, and no contract shall be entered into by any State institution, city or or town, for the introduction of a system of water-supply or sewage disposal until said advice shall have been received and considered: Provided, however, that any city or town, having a regularly organized board of health, may seek advice therefrom or from its County Board of Health in lieu of that of the State Board.

Sec. 20. Whoever wilfully or maliciously defiles, corrupts or makes impure any well, spring or other source of water-supply or reservoir, or destroys or injures any pipe, conductor of water, or other property pertaining to an aqueduct, or aids and abets in any such trespass, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not exceeding one thousand dollars or imprisoned not exceeding one year.

Sec. 21. Any householder in whose family there is, to his knowledge, a person sick of cholera or typhoid fever who shall permit the bowel discharges of such sick person to be emptied without first having disinfected them, according to the instructions to be obtained from the attending physician or the County Superintendent of Health, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than two nor more than twenty-five dollars, or imprisoned not less than ten nor more than thirty days. And in cases where such undisinfected discharges are emptied on the watershed of any stream or pond, furnishing the source of water-supply of any public institution, city or town, the penalty shall be a fine of not less than twentyfive nor more than fifty dollars, or imprisoned for not more than thirty days. And any physician, attending a case of cholera or typhoid fever, who refuses or neglects to give the proper instructions for such disinfection, as soon as the diagnosis is made, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than ten nor more than fifty dollars.

Sec. 22. Whenever and wherever a nuisance upon premises shall exist, which, in the opinion of the County Superintendent of Health, is dangerous to the public health, it shall be his duty to notify in writing the parties occupying the premises (or the owner, if the premisse are not occupied) of its existence, its character and the means of abating it. Upon this notification the parties shall proceed to abate the nuisance, but failing to do this, shall be adjudged guilty of a misdemeanor, and shall pay a fine of one dollar a day, dating from twenty-four hours after the notification has been served, the amounts so collected to be turned over to the County Treasurer: Provided, however, that if the party notified shall make oath or affirmation before a Justice of the Peace of his or her inability to carry out the directions of the Superintendent, it

shall be done at the expense of the town, city or county in which the offender lives. In the latter case the limit of the expense chargeable to the city, town or county shall not be more than one hundred dollars in any case: *Provided*, further, that nothing in this section shall be construed to give the Superintendent the power to destroy or injure property without a due process of law as now exists for the abatement of nuisances.

Sec. 23. Vaccination.—On the appearance of a case of small pox in any neighborhood, all due diligence shall be used by the Superintendent of Health that warning shall be given, and all persons not able to pay shall be vaccinated free of charge by him, and the County Superintendent shall vaccinate every person admitted into a public institution (jail, county home, public school) as soon as practicable, unless he is satisfied, upon examination, that the person is already successfully vaccinated. money for vaccine to be furnished by the County Commissioners. The authorities of any city or town, or the Board of County Commissioners of any county may make such regulations and provisions for the vaccination of its inhabitants under the direction of the local or County Board of Health, or a commit tee chosen for the purpose, and impose such penalties as they may deem necessary to protect the public health.

Sec. 24. The Board of County Commissioners of each county is hereby authorized at any time to call a meeting of the county board of magistrates or justices of the peace to take into consideration the health interests of the people of their county, and, with the approval of the said board of magistrates, to levy a special tax, to be expended under the direction of a committee composed of the chairman of the Board of County Commissioners, the Mayor of the county town and the County Superintendent of Health for the preservation of the public health.

Sec. 25. The authorities of any city or town are hereby authorized (not already authorized in its charter) to make such regulations, pay such fees and salaries and impose such penalties as in their judgment may be necessary for the protection and the advancement of the public health.

Sec. 26. Bulletins of the outbreak of

disease dangerous to the public health shall be issued by the State Board whenever necessary, and such advice freely disseminated to prevent and check the invasion of disease into any part of the State. It shall also be the duty of the Board to inquire into any outbreak of disease by personal visits or by any method the Board shall direct. The compensation of members on such duty shall be four dollars a day and all necessary traveling and hotel expenses.

Sec. 27. Special meetings of the State Board of Health may be called by the President through the Secretary. The regular annual meetings shall be held at the same time and place as the State Medical Society, at which time the Secretary shall submit his annual report.

Sec. 28. For carrying out the provisions of this act, two thousand dollars, or so much thereof as may be necessary, are hereby annually appropriated, to be paid on requisition to be signed by the Secretary and President of the State Board of Health; and the printing and stationery necessary for the Board to be furnished upon requisition upon the State Printer. A yearly statement shall be made to the State Treasurer of all moneys received and expended in pursuance of this act.

Sec. 29. A contingent fund of five thousand dollars is hereby appropriated, subject to the Governor's warrant, countersigned and recorded by the Auditor of the State, to be expended in pursuance of the provisions of this act, when rendered necessary by a visitation of cholera or any other pestilential disease.

Sec. 30. All previous acts conflicting

with this act, and also all previous acts making appropriations for the public health, are hereby repealed upon the passage of this act: *Provided*, that nothing herein shall operate as a repeal or abridgement of powers conferred by any special act on any local board of health.

Sec. 31. This act is in force from and after its ratification.

ARSENIC AS A PROPHYLACTIC.—Dr. C. F. Bryan, in his address as President of the Leicester Medical Socidty, stated that he had been led by a paragraph in the Practitioner, some ten years ago, to the effect that persons taking arsenic were insusceptible to vaccination, to try the drug as a prophylactic in scarlet fever. He believes that an epidemic was checked in the Leicester Workhouse in 1882, and mentioned that a year later, in a family in which one child had severe scarlatina, he put the other two children on arsenic, and they did not take the disease, though they continued to be about the patient until her death three weeks later. In another family a boy, aged 7, had scarlet fever, but the four other children, whose ages ranged from 3 to 11, did not contract the disease, and the mother, who aborted during her attendance on the child, did not suffer. He also advanced some evidence suggesting the value of arsenic as a prophylactic against diphtheria and influenza. He gives gr. 1-40 of arsenious acid in pill, or Mij of liquor arsenicalis, in mixture three times a day for the first week, and afterwards twice a day .- Brit. Med. Tournal.

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Editorial.

THE MEETING OF THE NORTH CAROLINA MEDICAL SOCIETY.

As has been announced, the State Medical Society will convene in its 40th annual session in the city of Raleigh on Tuesday, May 9th, 1893.

It is the duty of every physician in North Carolina to attend, if possible. It is also his duty to be present at the opening exercises and remain throughout its sessions. In no other way can our profession be elevated and its best interests promoted. The benefits accruing to the physician, and ultimately to his patients, from such annual meetings are too evident to require comment.

If a physician wishes to become an incubus to himself, his profession and his patients, let him systematically abstain from association with his colleagues on such occasions. He soon loses interest in medical matters and becomes a routine practitioner, caring neither for the companionship of medical men in person, nor through the medium of medical literature. Instead of a medi-

cal enthusiast, he becomes a medical drone. It is a notable fact, in our State, at least, that the Society's most earnest workers are the State's most distinguished physicians.

The meeting at Raleigh promises to be a most enjoyable one. The chairmen of sections are gentlemen of learning and intelligence, and it is known to us that some of them are exerting themselves to the fullest to present creditable papers.

It is true that the physicians of North Carolina are not the most progressive in the world, but this state of affairs is due more to the fact of their remoteness from the great centres of medical learning and enthusiasm than from any other cause. We have some master minds in our ranks in this State, and if they had the opportunities and advantages of some of the more favored of our profession, their names would long since have been heralded abroad. Still this should not deter us from giving the fruits of our rich experience to the medical fraternity of the world. The

Editorial.

units make the whole. The disconnected incidents of every-day life constitute the ponderous volumes of the historian. The ideas gathered here and there build up and enlarge and make more exact the applied sciences. And so it is of the experiences of every physician. Every new idea conceived, every new idea worked out, and every new idea applied and reported is enriching medical science just that much. If some of the members of our Society could see, as do we some of the pages of this JOURNAL (even though it is printed in North Carolina, and even though it is sustained only by North Carolina talent) reproduced in some of the highest class journals of this and foreign countries. we are assured that they would not be ashamed of the part enacted by North Carolina physicians in the medical world: neither would they think that "nothing new" was ever discovered by our North Carolina doctors. Others think well of us, why should we decry ourselves?

For gaining renewed inspiration and encouragement, and for mutual profit and pleasure, the physician can find nothing so conducive as to attend these annual meetings of the Medical Society. Let each one go animated with a lofty purpose to inform himself and advance his profession. Go prepared to teach and to be taught, to hear and to be heard, and our presence there will well subserve the best interests of our noble profession.

THE RECENT PUBLIC HEALTH LAWS.

In the preceding pages of this issue we have given the full text of the Public Health Laws as revised and enacted at the last session of the Legislature.

We have preferred to publish the whole, instead of making extracts, as we at first intended because we believe that the reading of these laws, as amended,

is worthy the thought and consideration of every North Carolina physician.

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Every physician that is interested in upholding his profession is interested also in these legal safe-guards that are intended to benefit himself and humanity alike.

These laws, as ratified by the Legislature, may not be exactly what we would have desired, but they are in many points an improvement upon the health laws hitherto existing. At any rate, they are what they are, and we medical Solons, at this late day, have cause to rejoice that the political "wise-men" have left us as much as they have to be thankful for. Is it not passing strange that when a physician, with his heart throbbing for humanity's sake, and even in direct opposition to his monetary interests, presents himself to the average law-maker and pleads for the welfare and better protection of his fellow-man, that he should be looked upon with suspicion? That his carefully prepared and well formulated plans should have to be modified and revised and amended according to the wise law makers' "medical" ideas? Such, however, is the case, and we suppose we will have to submit to the inevitable.

Many additions will be noticed to the former laws in vogne, and all of these are timely and directed to the well-being of the citizens of the State. Some changes are also noticeable. Among these is one which the sage legislators, in the abundance of their wisdom, saw fit to make, which, however, does not recommend itself to us, and that is the appointment of five members of the Board of Health by the Governor, instead of three, as formerly. This will allow the Medical Society the election of only four members, instead of six, as before. The terms of office of the members are also lessened, which we think is a mistake, for the interest of any member must be necessarily diminEditorial.

ished thereby in the work of the Board. It would appear that the time has actually arrived when the politicians of the State are to know more about the wants of the people as regards medical matters than the physicians themselves! God forbid.

One section of the new laws, however, commends itself, especially, to us, and that is the one relating to the salary of the county superintendents of health. Under the former regime, the county superintendent was, in the matter of compensation for his services, entirely at the mercy of the county commissioners. Under the new law he is personally responsible if the remuneration for his services is not commensurate with the duties performed, for he is allowed, in all cases, provided a salary mutually agreeable to all interested is not agreed upon, the alternative of charging the usual medical fees prevailing in his county for the work performed. trust that this will forever remove the aspirants for this position in each county beyond the pale of county politics, and that in the future we shall no more see the sad spectacle of honorable physicians assailing one another's professional characters, and bidding against one another for these positions, and, above and beyond all, cringing to, and fawning upon, the honorable, the county commissioners! This act will have the tendency to dignify our profession, and if it does not, the blame must rest where it belongs—upon the medical fraternity.

The section devoted to "vaccination" amounts practically to nothing. It virtually advises that the port-holes be closed after the storm is upon us. It will be found to be as inoperative now as all such "glittering generalities" have been in the past. The State Board of Health, in joint session with the Health Conference at Raleigh in the early winter, to whom the credit of preparing these laws is due, thought it best not to ask for more stringent laws at the present time

upon this subject. They may have been correct, but we do not believe so, especially since, at the conjoint session of the Medical Society and the State Board of Health at Wilmington last year, a resolution was passed unanimously requesting the Board of Health to memorialize ihe Legislature "in regard to a law of compulsory vaccination." We do not think that the Legislature would have granted a wholesale law of compulsory vaccination applicable to the whole State, on account of expense involvedetc., but we do believe that such a law relating to students of State schools, etc., would have passed, and this, of itself, would have been an educator and an "entering wedge," to the solution of this problem. We believe that the State Board of Health on this matter was wanting as much in "backbone" as in judgment. Even a failure before the the Legislature would have, at least, sufficed to have brought this important subject prominently before the people of the State and educated them to the pressing necessity of such legislation in the near future, for if the present status of affairs exists for long in North Carolina, no additional "object lessons," other than the ravages of the small-pox itself, will be needed to educate them. "We are raising a rich harvest, ready for the reaper."

At the next Legislature, we hope the physicians will not be so modest in their demands, but will ask for more and, consequently, get more to aid them in their humane work in behalf of the health and happiness of others.

A MEMORIAL TRIBUTE.

We append below a copy of the resolutions recently sent to Mrs. Wood, of this city, by the Committee of Revision and Publication of the Pharmacopæia of the United States, of which Committee Dr. Thomas F. Wood, late Editor of this JOURNAL, was an honored member

These resolutions, embodied in a most beautiful memorial volume of exquisite taste, are so just, so true, and so generous, that we have felt it due to the profession of our State to reproduce them here, for the memory of Dr. Wood will always be cherished by the medical faculty of his beloved State. It will be grateful to them to know, too, that his merits were so cordially appreciated by this most eminent body of scientists.

And now that others have seen fit to recognize and place upon record their unqualified appreciation and hearty endorsement of his eminent services as a learned Physician and as an accomplished Botanist and Therapeutist, shall not we, who knew him and loved him for his unselfish and untiring devotion to the well-being of his fellow-man, be willing to establish some lasting testimonial as an evidence of our esteem and affection? We believe that our profession feels thus, and our suggestion is that a lifesize portrait of this distinguished physician and great apostle of sanitation in North Carolina, be presented to the State Library by the State Medical Society at its approaching meeting in Raleigh. There, upon its walls, surrounded by the faces of North Carolinians who have made our State's history famous, both in war and peace, would be a fitting place for this memorial portrait of North Carolina's great disciple of Preventive Medicine

RESOLUTIONS,

WHEREAS, The death, on the 22d day of August, 1892, of

THOMAS FANNING WOOD, M.D., LL.D.,

of

Wilmington, N. C.,

removes from the Committee of Revision and Publication of the Pharmacopæia of the United States of America one of its most efficient and valued members, be it therefore Resolved, That we cause to be placed on our minutes and transmitted to the family of our late companion, an expression of our sense of the loss sustained by our Committee, by the Medical and Pharmaceutical Professions, and by the community in which Dr. Wood lived for so many years.

The Committee are especially sensible of the loss of one so accomplished as a Botanist and Therapeutist; so mature and conservative in his judgment; so free from prejudice and so ready to appreciate the many difficult problems arising in the work of the Committee.

The Medical Profession loses an Editor whose sympathies and influence were invariably in the direction of the highest ethics; the Pharmaceutical Profession loses a friend whose experience in connection with two revisions of the Pharmacopæia had brought him thoroughly in touch with the views and needs of Pharmacists.

The State and city wherein he resided have lost an accomplished Sanitarian and a model citizen.

No words of ours are worthy to de scribe the beneavement of those with whom he intimately associated, but we tender to them our earnest sympathy.

Signed by
The Committee,
CHARLES RICE, Ph.D.

FOURTH BIENNIAL REPORT OF THE NORTH CAROLINA BOARD OF HEALTH.

This report, by Dr. Richard H. Lewis, Secretary, of the proceedings of the conjoint sessions of the Board of Health with the State Medical Society at Asheville and Wilmington, together with the special work of the Board during the past two years, is interesting reading.

The State Board of Health, in the past, has not been appreciated either by the profession or by the laity of the State; but we believe that its influence for good is now beginning to be realized Its effectiveness is directly and wholly dependent upon the physicians of the State. While the State Board is the guardian of public health, yet its work

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must be necessarily inefficient if it has not the support and coöperation of the physicians in all sections of the State, for one of its specific aims is to collect vital statistics.

In this department of its work, we are grieved to say that the physicians, as a rule, and the county superintendents of health, have manifested surprisingly little interest. The reports of the latter through the pages of the Monthly Bulletin, issued by the State Board of Health, are generally as meagre and unsatisfactory as they are perfunctory.

The number of towns sending in mortuary reports has somewhat increased during the past two years, but still there are many making no report, and some counties, indeed, that have, as yet, established no boards of health. This manifest indifference to the subject of vital statistics upon the part of municipal authorities, also, is amazing, for it does seem that selfish considerations for their own material advancement would suggest the feasibility of this plan.

Prospective capitalists always inquire into the vital statistics of a town. If its death-rate is high, it debars their investments; if it is low, it invites their scrutiny. And so also of prospective home-seekers; they always inquire first for a tabulated statement of the health of the location extending over several years.

We hope to find in the next two years more attention paid to this most important factor in the development of our State, and trust that in that time the discrimination now made by some of the best insurance companies against all citizens of this State living east of the Wilmington & Weldon Railroad will be removed, owing to the more satisfactory mortuary statistics that will then be obtainable.

The Secretary of the Board has made a new and creditable departure in furnishing practical articles to the State papers on sanitary matters and such other topics as relate to the preservation of health, which we think ought to attract the attention of the public.

The standing committees of the Board are as follows:

WATER-SUPPLY AND DRAINAGE.—Dr. Bahnson and Mr. Ludlow.

Hygienics of Public Schools.—Drs. Hodges and Tucker.

CLIMATOLOGY.—Dr. S. W. Battle.

Adulteration of Food and Medicines.—Prof. F. P. Venable.

SANITARY CONDITION OF STATE INSTITUTIONS.—Drs. Thomas and Harrell.

VITAL STATISTICS. — Drs. Lewis, Thomas and Bahnson.

EPIDEMICS.—Drs. Lewis and Hodges.

CHOLERA NEWS.

The absence of news about the extensive prevalence of this disease at the present time, is satisfactory. It still prevails in Russia, to some extent, but there is no news of its wide diffusion in that country. In Marseilles, France, the February epidemic has abated, and a more sanguine view of the situation is now taken.

As encouraging, however, as is this news, still it should not foster the fond hope in any local health officer's bosom that there is no danger threatening our country, and that, therefore, he can relax his exertions in sanitary matters.

A newspaper correspondent recently interviewed forty leading physicians, and it was their unanimous dictum that the cholera would come, at least, to the shores of this country during the coming summer season. As to its entrance, it would be merely a question of prophylaxis and quarantine.

THE PETIT JURY AND THE MEDICAL LAWS.

The readers of the JOURNAL will remember that in the issue of October, 1891, we published the full opinion of the Supreme Court in the case of one L. W. Van Doran, who had been convicted by the Superior Court of Washington county for practicing, or attempting to practice, medicine without a license and without being legally registered. The Supreme Court decided "there is no error; and the judgment is affirmed."

During the past week an advertisement appeared in the daily papers of this city lauding the powers of a Dr Krumm, who claimed to be a "European Specialist," and who advertised to cure all cases of kidney and bladder diseases. nervous diseases, restless nights, obstacles to marriage, and such like, with the usual quack provision, "no cure, no pay." Hand-bills of a similar character with the advertisement in the papers were promiscuously distributed, even being handed to ladies, and hung at his door to be taken and read by passers-by. Fortunately the Criminal Court, Judge Meares, was in session, and the case was reported to the Grand Jury. They found a true bill and the case was called for trial on the 25th of March.

The evidence was that Dr. Krumm had never been registered; that he had advertised himself both in the newspapers and by hand-bills as a specialist in private diseases; that he guaranteed a cure or no pay; that he had taken in only about \$18.00. He acknowledged the advertisements, but claimed that what he did was not practicing. He acknowledged that when a person came to consult him he asked for his symptoms and gave what he considered the proper medicine for his case; but he asserted he did not make any diagnosis. He acknowledged that he had different medicines for different diseases, and that

he had specially good judgment as to the proper medicine to be given in each particular case.

The Solicitor's address to the jury was strong and to the point. He called their attention to the fact that the law was not framed to protect the interests of physicians, but to protect the people from being imposed upon by quacks and ignorant persons masquerading as physicians.

The defendant had no counsel, but addressed the jury in his own behalf. He alluded to the fact that druggists and grocers are daily selling patent medicines, and that advertisements such as his are constantly in the papers. He claimed that he wanted to do what was right, and appealed to the sympathy of the jury.

The Judge's charge was clear and explicit. He told the jury that, according to the decision of the Supreme Court in the case of Van Doran, which was exactly similar to this, in that both defendants claimed they were only selling medicines prepared by themselves, it was not necessary to produce any instance in which the defendant really did practice, but that if he merely "held himself out" to the public as a physician, he was guilty. That the defendant claimed that the Mayor had told him he could see nothing wrong in conducting his business, but that was no excuse, and should not influence the verdict of the jury, though it might have some influence with the Court in its judgment. He charged them that if they had no reasonable doubt that the defendant had held himself out as a physician, they should convict him.

The jury remained out a few minutes and returned a verdict of "not guilty!"

The Solicitor warned the defendant that this verdict did not give him permission to continue practicing, and that he must either secure a license from the Board of Medical Examiners or leave the county, and asked the Court to instruct the defendant as to his position. The Court said that in his opinion the defendant was guilty, though he may not have intended to violate the law.

The statement of these facts is sufficient criticism upon the action of the intelligent jury who were sworn to hear the evidence and render a verdict accordingly.

We will only add that the advertisements have disappeared from the papers and the hand-bills from the Doctor's (?) door.

Sequel.—The Doctor (?) quietly folded his tent and stole away to Charleston on the 28th of March! Victor in strage.

A NOTABLE GIFT.

The donation to the State University of the large and valuable library of the late Dr Thomas F. Wood, by Mrs. Wood, will be appreciated by all who feel a pride in the welfare of that grand institution, and who would see perpetuated the memory of him who gave so freely of his time and talents to promote the honor of his State.

In his capacity as Editor of the NORTH CAROLINA MEDICAL JOURNAL, Dr. Wood accumulated a rich and extensive library of the best works on medicine and surgery, but besides these his library contained a rare and valuable collection of works on Vaccination and Botany, which were included in the gift to the University. He was a great lover of books, especially those which were rare, and he carefully scanned the catalogues that came to his table from the dealers in rare books in his search for new treasures.

As a fitting testimony of their appreciation the Trustees of the University have established two scholarships, one in the Medical Department and one in the Literary Department, to be known as the "Thomas F. Wood scholarships." The library is to be known perpetually

as the "Thomas F. Wood Medical Library."

The University is to be congratulated upon having received such a valuable addition to its library, and one which will add greatly to the efficiency of its Medical Department; and it is eminently fitting that the memory of him who took such an interest in the education of the people of the State should be perpetuated by scholarships at our chief seat of learning.

OFFICERS AND COMMITTEES.

Session 1893.

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CHAIRMAN OF SECTION ON STATE MEDICINE AND MEDICAL JURISPRU-DENCE—Dr. S. J. Montague.

Leader of Debate—Dr. D. T. Tayloe.
Committee on Pittman Prize—Drs.
D. W. Bulluck, H. T. Bahnson, T. D.

Haigh.

COMMITTEE ON DUFFY PRIZE—Drs. N. B. Herring, D. McBryde, Duncan Smith.

Epitome of the Newer Remedies.

A READY-REFERENCE RECORD FOR THE BUSY PHYSICIAN

In order that the general practitioner, without neglecting other important matters, may keep fully informed as to the science and art of modern therapeutics, the Editors purpose t consider briefly each month, under this caption, the most approved new remedies.

While acknowledging their indebtedness to various writers, their aim will be to omit all elaborate discussion, and to state concisely the bare essentials necessary to an accurate study and correct comprehension of the drugs named, especial attention being given to their therapeutic applications and the modes of their administration.

Upon request of physicians, any new drug that may be specified by them will be considered, or if further private information be desired concerning any one already named, it will be furnished upon application.

Only ethical preparations will be con-

sidered.

DIURETIN.

The Salicylate of Theobromine and Sodium.

This combination is supposed to contain 49.7 per cent, of theobromine and 38.1 per cent, of salicylic acid.

Physical Properties.—The salt appears as a white powder. Its taste is disagreeable and soapy.

Solubility.—It is soluble in hot water and alcohol; insoluble in chloroform and ether.

Physiological Action.—A stimulant to the secreting epithelium of the kidney.

Therapeutic Uses.—Diuretic. It is useful in almost all conditions of dropsy, but especially in dropsies of cardiac origin, for which it has been extensively employed.

Administration.—It is preferably administered in capsules or pill form, but the powder may be dissolved in peppermint water. The dose is 15 grains five or six times a day.

Contra-indications. — The presence of acute nephritis.

HYOSCINE.

An Alkaloid from the Seeds of the Hyoscyamus Niger.

Physical Properties.—It is a non-crystallizable body itself, but the hydrobromide of it occurs in fine colorless crystals,

Solubility,—It is soluble in water and alcohol. The solution has a slightly pungent taste.

Physiological Action.—A powerful nervous depressant. It has little effect on the circulation, but sometimes interferes with the respiration, causing croupy breathing.

Therapeutic Uses.—Sedative and hypnotic. As a sedative in nervous affections it is an uncertain drug, at times producing alarming symptoms, but as a hypnotic, in a very limited class of cases, it acts most favorably, and probably for these cases it is the best hypnotic known. These cases consist of those who suffer from insomnia due to acute mania, alcoholic mania or similar cause, or where the patient is very refractory. It is also of great value in spermatorrhœa and nocturnal emissions.

Administration.—The dose is from 1-100 to 1-30 of a grain; for hypodermic use, from 1-200 to 1-50 of a grain.

Contra-indications.—In the sore-throat of scarlet fever, as it may cause spasm of the glottis; also in the insomnia of heart disease and of delirium tremens, because of its probable untoward effects.

ICHTHYOL.

The Ichthyosulphate of Ammonium.

It is obtained by distillation from a bituminous oil found chiefly in the Tyrol, and supposed to be the result of a de-

posit of extinct fish. It contains about 15 per cent, of sulphur.

Solubility.—It is soluble in water; partly so in alcohol and ether.

Physical Properties.—Its disagreeable odor depends upon the presence of an inseparable volatile oil.

Therapeutic Uses.—Antiphlogistic, alterative, astringent, tonic and anodyne. This is one of the most remarkable medicaments of the last decade, and its therapeutic uses are quite extensive. While it is not a true germicide, it is said to arrest the development of bacteria.

Internally: It has given good results in the treatment of diseases of the gastrointestinal track, of the kidneys, in rheumatism and in all chronic skin diseases.

Externally: In the form of an ointment, it is most highly recommended in chronic eczema, acne, urticaria, erysipelas, and even in lupus. In frost-bites, chilblains and in burns it is of service, and Agnew speaks favorably of its use in Lymphatic enlargements. Prof. Hare also extols its use in acute sprains, for the removal of swelling and pain.

Administration. — The internal daily dose is from 10 to 30 grains, and is best administered in capsules or pill-form. Ointments and solutions, for external applications, should be of the strength of from 10 to 50 per cent. Owing to its disagreeable odor, oil of citronella ought to be added to it as follows:

B	-Ichthyol3 ij	
	Ol. Citronellæ	
Π.	Adipis Benzoin 3 i	
T	Ichthyol Ointment	

URETHRAN.

A Carbonate of Ethylic Ether.

It is obtained by the interaction of nitrate of urea and ethylic alcohol at a temperature of about 250 F.

Physical Properties.—It occurs in crystalline, odorless masses, having a taste resembling that of saltpetre.

Solubility..—Is easily soluble in any medium; the watery solution must be neutral.

Physiological Action.—It is free from all by-effects, and produces a physiological sleep, but has no influence on pain.

Therapeutic Uses.—Hypnotic, pure and simple. It is especially serviceable for use with children, and is a sure and safe medicament. It also possesses antidotal powers against convulsant poisons, as strychnine, picrotoxin, resorcin, etc.

Administration.—The dose is from 15 to 45 grains, but even as high as 60 grs. may be given. Hypodermically the dose is 4 grains.

Incompatibles.—Strong alkaline medicines with it must be avoided, because of the decomposition of the drug.

Prescriptions:

Ŗ	-Urethran		٠			٠					3 ss	
	Aq. destil····	٠,									3 ii	į
	Syr. Limonis. 3 ij at night.		٠	٠	۰	•	•	•	٠	٠	31	

₽	-Urethran $\frac{7}{5}$ ss	
	Ex. Rad. Glycyrrh., fl 3 ij	
Π.	Aq. destil ¾ iij	
Sio	From one to two teaspoonsful	i

Sig. From one to two teaspoonsful in sweetened water, for a child from eight to twelve years—at night.

Reviews and Book Motices.

A Text-Book of the Theory and Practice of Medicine, By American Teachers. Edited by William Pepper, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes, Illustrated. Sold by subscription only. Cloth \$5.00. Philadelphia: W. B. Saunders Publisher, 1893.

The first volume of this work has just been issued. It is a handsome royal octavo volume of about 1,000 pages, containing numerous wood-cuts and colored plate illustrations to elucidate the text whenever necessary. To say that it will become as monumental a work as Pepper's System of Medicine, is to give but scant praise, for we are assured, after a careful survey of its contents, that it will soon take a high rank in the list of such medical treatises It is composed of a series of exhaustive articles (each bearing the author's name) upon each disease or set of diseases, by various authorities, selected from the best talent of the various medical schools of this country. It, therefore, contains the most recent advances in the science of medicine, including the study of the bacterial origin of various diseases as well as the bearing of the knowledge so gained upon prevention and cure.

The methods of diagnosis are given the most minute and careful attention, while in the matter of treatment there is much that is entirely new, and at the same time perfectly practical.

The following list of authors and their subjects alone give a guarantee of the merits of this volume: Hygiene, J. S. Billings, M.D.; Kidneys and Lungs, Francis Delafield, M.D.; Peritoneum, Liver and Pancreas, R. H. Fitz, M.D.; Urine (Chemistry and Microscopy), Jas. W. Holland, M.D.; Heart, Aorta, Arteries and Veins, E. G. Janeway, M.D.;

Diathetic Diseases (Rheumatism, Rheumatoid Arthritis, Gout, Lithæmia and Diabetes), Henry M. Lyman, M.D.; Blood and Spleen, William Osler, M.D.; Fevers (Ephemeral, Simple Continued, etc.), William Pepper, M.D.; Tuberculosis, Scrofula, etc., W. Gilman Thompson, M.D.; Inflammation, Fever, Bacteriology, etc., W. H. Welch, M.D.; Scarlatina, Measles, etc., James T. Whittaker, M.D.; Air-Passages (Larynx and Bronchi) and Pleura, James C. Wilson, M.D.; Nervous, Muscular and Mental Diseases (Including Opium Habit, etc.), Horatio C. Wood, M.D., and William Osler, M.D.

History of the Life of D. Hayes Agnew, M.D., I.L.D. By J. Howe Adams, M.D. With 14 full-page portraits and other illustrations. In one large Royal Octavo volume, 376 pages, Extra Cloth, beveled edges, \$2.50 net; Half Morocco, gilt top, \$3.50 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., Publishers, 1892.

This memoir of the life, character and accomplishments of this "grandest figure in American medicine" is particularly tharming reading. It is written in a clear and dignified style, and fully and forcibly portrays the leading incidents and prominent characteristics of this famous surgeon.

This "labor of love" will serve as an inspiration and stimulus to the medical profession, and Dr. Adams' highly appreciative biographical sketch, we are confident, will be greatly valued by the large number of surgeons by whom Dr. Agnew's memory will always be cherished-

The Year-Book of Treatment for 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty-Two Writers. In one 12mo. volume of 500 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co., 1893.

It would be difficult to imagine a book more nearly suited to the every-day

needs of the medical practitioner or writer than this. It, year by year, keeps him apprised of important advances in all branches of medicine, and presents them in a well condensed and classified form for ready reference. The demand for this work in the past has rendered it possible for the publishers to offer it at a price within the reach of all.

A Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure. By Joseph M. Mathews, M.D., Professor of Principles and Practice of Surgery and Clinical Lecturer on Diseases of the Rectum, Kentucky School of Medicine, etc. With six chromolithographs and numerous illustrations. Royal Octavo. 537 pages. Cloth. D. Appleton & Co., New York, 1892.

Dr. Mathews claims to have been a pioneer in making a specialty of this branch of surgery, and this book is the outcome of his fifteen years' experience in rectal sugery. In the introduction he prepares the reader for the nature of the statements he will find in the body of the book when he says: "I shall take occasion to speak plainly what I think, and if I differ from the authorities that have written before me, on important questions, I beg to say that it is simply because I believe in the truth of what I am saying. * * * I shall quote from comparatively few authors, and shall give no foot-notes."

The statements contained in the book are original, and are made with commendable clearness and simplicity, and in nearly all instances cases are cited in illustration of theories advanced. In the introductory chapter reasons and rules are laid down for making examinations, and the author's estimate of the various means of diagnosis freely given. In the subject devoted to the treatment of fistula in ano, the author describes the treatment by means of the fistulatome, of which instrument he claims to be the

inventor. Chapter X. treats of the Nervous or Hysterical Rectum, and in it the author gives his reasons for opposing some of the views of Prof. Wm. Goodell-Chapters are also included upon Diseases of the Sigmoid Flexure, Anatomy of the Rectum in Relation to the Reflexes, Antiseptics in Rectal Surgery, etc. In the last, the author claims to have met with vastly better results since the adoption of rigid antiseptic precautions,

The volume is practical and useful, and is worthy of the elegant style in which the publisers have presented it.

BOOKS RECEIVED TOO LATE FOR THIS

The following will be reviewed next month:

Diseases of the Nervous System, by Dr. Ludwig Hirt: D. Appleton & Co., New York,

Diseases of the Throat, by Dr. Carl Seider: D. Appleton & Co., New York. Hydrotherapy at Saratoga, by Dr. J. A.

Irwin: Cassell Publishing Co., New York.

Diseases of the Skin, by Dr. P. H. Pye-Smith: Lea Brothers & Co., Philadelphia, Pa.

Psychopathia Sexualis, by Dr. R. Von Krafft, Ebing: The F. A. Davis Co., Philadelphia, Pa.

Proceedings of the Philadelphia County Medical Society (Session of 1892): Lewis H. Adler, Jr., M.D., Editor.

Registration Report of Rhode Island: Edited by Chas. H. Fisher, M.D.

Diseases of the Skin, by Charles C. Ransom, M.D. Lea Brothers & Co., Philadelphia.

The Diseases of Inebriety from Alcohol, Opium and Other Narcotic Drugs. Arranged and compiled by the American Association for the Study and Cure of Inebriety, New York.

Abstracts.

The Vitality of Comma-bacilli.—As the result of a biologic study, Uffelman found that comma-bacilli possess considerable resistance to cold. They survive exposure to a temperature of 12.6° F.; the result depends upon the intensity of the cold and the duration of the exposure. A decided difference was observed in the behavior of recent and of old cultures.

SLOW PULSE, -According to Dr. Prentiss, the chief causes of slow pulse are the following: 1. Diseases or injuries to the nerve-centres, producing either irritation of the pneumogastric or paralvsis of the sympathetic (accelerator) nerves of the heart. 2. Diseases or injury of the pneumogastric nerve, increasing its irritability. 3. Disease or injury of the sympathetic nerves of the heart, paralyzing them. 4. Disease of cardiac ganglia, by which the influence of the pneumogastric nerve preponderates. 5. Disease of the heart-muscle (degeneration), whereby it fails to respond to the normal stimulus. 6. The action of poisons, as lead or tobacco, either on nerve-endings or centres. The poison generated in salt fish. Another possibility is malarial poisoning,

THE RATIONAL TREATMENT OF PUERPERAL SEPTIC INFECTION.—Dr. J. L. Rothrock (Northwestern Lancet) believes that puerperal infection is caused by two widely different groups of bacteria, which must be distinguished since they necessitate different plans of treatment. In infection by the pathogenic group of bacteria local treatment is of little avail unless instituted early, and it should be vigorously and systematically carried out, even at the risk of being superfluous. The curette should not be used

except in the early stages. When infection is localized to the uterus and adnexa, recovery is the rule, and tonic and supporting treatment the indications. If suppuration ensues, the abscess should be drained as soon as the diagnosis can be made with certainty. Most cases of peritonitis which recover by the expectant plan of treatment are localized. In sthenic cases of peritonitis surgical interference is not only justifiable, but is the rational mode of treatment. In the asthenic variety operation is of doubtful utility, and contraindicated if the patient is in collapse.

DETECTION OF FOREIGN BODIES IN THE CORNEA,—Dr. Jackson (Med. Times and Register) states that an aid to the detection of foreign bodies in the cornea is the use of a solution of fluorescin. A good solution consists of—

B.—Fluorescin.....gr. j
Sodium carbonate...gr. ij
Distilled water.....3 j

A drop of this is placed on the suspected cornea, and after two or three minutes the excess is allowed to be washed away by the tears. It is then found that while on the uninjured cornea not the slightest effect has been produced, the corneal tissue in the neighborhood of any recent abrasion has been stained a light green. This discoloration directs attention to the locality of the injury, and the stained tissue furnishes a background against which any foreign body of dark color is readily seen.

A UNIQUE METHOD OF TREATMENT FOR HEMORRHAGE FROM TYPHOID FEVER.—A unique method of treatment for hemorrhage of the bowels in typhoid fever, writes Dr. Tuttle (Southern Med. Journal), is that of "tieing off" the

188 Abstracts.

limbs, now in use in New York hospitals with most beneficial effects. This consists in passing an elastic band with a buckle on it (a piece of suspender will answer admirably) around each of the limbs close to the body. These are tightened sufficiently to check the venous return and yet not obstruct the arterial flow, thus keeping a large amount of blood out of the trunk, and thereby greatly lowering the pressure in the intestines. At proper intervals, to be determined by the condition of the limbs, one band at a time is loosened sufficiently to permit free circulation for about ten minutes, and then tightened again. This is continued for several days, depending entirely on the severity of the hemorrhage.

THE TREATMENT OF CHOLERA,—The Gazette des hôpitaux for February 25th contains a cyclopædic article on this subject by one of the hospital physicians of Paris, Dr. L. Galliard, Summarizing, in conclusion, he says that in slight cases rest in bed and abstinence from solid food are almost all that is required. In grave cases, however, the precursory diarrhœa should be treated energetically. If this diarrhœa cannot be cut short, no time should be wasted in trying opium or such feeble antiseptics as the salts of bismuth, for example, but recourse should be had at once to one of the two remedies which commend themselves to our confidence. These are calomel and lactic acid. They should not both be used, but one or the other be chosen. If it is calomel, acid drinks are to be avoided. If there is a tendency to collapse and cyanosis, hot baths are to be employed. together with frictions, subcutaneous injections of ether and caffeine, and inhalations of oxygen. If there is algid collapse, with the radial pulse imperceptible, transfusion should be used The proper drinks are iced aerated waters, champagne diluted with water and iced, and very weak iced coffee. Neither milk, nor soup, nor alcohol should be given before the stage of reaction. Tea often causes vomiting. If the use of milk and other alimentary substances is allowed too soon, the danger of relapse is incurred. The use of ass's milk is of service in the gastric irritability of convalescents; so is that of peptonized enemata. In spite of their impatience, convalescents must be kept in bed for a long time.

The Use of Purgatives in Nursing *Women.—In the March number of the Practitioner Dr. William J. Gow alludes to a popular impression that purgatives administered to a nursing woman often lead to disturbance of the suckling's bowels, gives a condensed account of his own experiments with several of the ordinary purgatives, and expresses his conclusion that magnesium sulphate administered to a nursing woman frequently causes looseness in the child, while senna, cascara sagrada, and aloes rarely have that effect.

TRIONAL AS A HYPNOTIC.—In the March number of the Journal of Nervous and Menual Disease there is a summary of an account given by Dr. Brie, of Bonn, of his experience with trional. In forty-two cases of insanity he has given 360 doses ranging from 15 to 45 grains. He believes it to be the best of hypnotics, being almost tasteless, easily administered, acting rapidly, and rarely giving rise to unpleasant after-effects. Its use is indicated in simple insomnia and in that of insanity with restlessness and excitement.

Miscellaneous Items.

Under this head space will be given, free of cost, to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

SPECIAL PREMIUM OFFER.

To each of the first two paid-up subscribers to the North Carolina Medical Journal supplying the missing word on page 192 of this issue in the "reading notice" of the Antikamnia Chemical Co. we will mail 'postage paid) a Self-Registering Clinical Thermometer. To each of the first two persons, other than the above, who supply the missing word we will give a year's subscription to this Journal.

Answers, which should be sent on a postal card, must not reach this office before the 20th of April. This is designed to give those readers living at a distance an equal chance in winning the prizes.

Look out for the valuable offer next month!

"Inaugural" pneumonia is now specified as a new type of this disease.

We are pleased to learn that Dr. John McIver, of Jonesboro, has recently very much improved in health.

A Yankee tradesman advertises: "Any person who can show me that my cocoa is injurious to health, will receive ten boxes gratis."

Dr. Hubert Haywood, Surgeon General of the State, has commissioned Drs. Hodges and Battle as his Assistant Surgeon Generals.

Dr. George C. Worth, of Wilmington, a recent graduate of medicine at Belle-

vue, has received an appointment on the medical staff of Charity Hospital.

Four successful laparotomies have been performed at the Wilmington City Hospital within the past thirty days, three of them by one surgeon of this city.

Dr. W. W. Young, of Henderson, died suddenly, March 11th, of rheumatism of the heart. He had been a practitioner for thirty years, and was most highly esteemed.

Mrs. Lot Irving, of Buena Vista, Ga., aged twenty-five, gave birth March 16th to her thirteenth child. The mother is doing well and the father is contented with his Lot.

Attention is called to the letter of Dr. Munroe, Chairman of Section on Surgery, which is being sent to every physician with the request to report his surgical cases. Every one should respond at once, so as to give him ample time to tabulate the reports. Dr. Hodges, of this city, will deliver the address to Dr. Munroe's graduating class at Davidson College on the night of May 5th.

Dr. Love, editor of the Mississippi Medical Mirror, takes occasion to say in a recent issue, descanting upon "official organs," that his journal is "the organ of nothing, save of the medical profession of America." With all due deference to this boastful dictum of a Professor whose name figures, perhaps, as often in the recommendations of certain medicines as anywhere else, we gently remark that we are proud to be the

"official organ" of medical societies, and one in particular.

Dr. W. H. Bagwell has moved from Pactolus to Greenville, Pitt county, where he will practice his profession.

The Association of Military Surgeons of the National Guard of the United States will be held at Chicago on August 8th to 10th, instead of at Washington City, D. C.

The Local Committee of Arrangements at Raleigh consists of Dr. James McKee, Chairman; Dr. W. I. Royster, Dr. J. W. McGee, Dr. K. P. Battle and Dr. W. H. Bobbitt.

Dr. R. H. Williamson, of Yanceyville, died a few days ago. He had been sick a long time, and his death was not unexpected to his many friends in the country. We extend our heartfelt sympathy to his bereaved family.

The physicians of Randolph county (nineteen in number) have signed a "Delinquent List Agreement." We wish them all luck and wealth, but at the same time deplore the necessity of such action upon the part of the profession.

We congratulate the Board of Directors of the North Carolina Insane Asylum upon the selection of Mr. J. B. Broadfoot, of Fayetteville, as their President. He succeeds the lamented Richard H. Smith, and, though yet a young man,-will worthily fill his place.

We regret very much that the encroachment upon our space has crowded out this month the "Notes of Practice," which has proved a very acceptable department to our readers. Instead, however, we call attention to the new department, "Epitome of the Newer Remedies," which we intend also to edit each month. We trust that our readers

will note our enterprise in getting out and printing so promptly the new health laws, and bear with us for this time. We are doing all we can to publish a journal, every page of which shall be practical, interesting and instructive, so just give us a little time and we will have every department every month, new and fresh and full.

Symptoms of sea-sickness: First, the sufferer is afraid he will die; then he is afraid he will not die.

Rozetta Hinton, a colored woman, who lives near Princeton, N. C., was a grand-mother before she was 27 years old. She was under 13 when her daughter was born, and this daughter became a mother before she was 14.

"Edmond Cole, of Fork township, Wayne county, N. C., is 85 years of age and his youngest child is less than one month old. His first wife's six children are all dead. His present wife's five children are all younger than two children of whom he is the great grand father." The Herald (Smithfield) is responsible for this information,

The Rev. Dr. J. P. McFerrin, of Chattanooga, Tenn., has created a decided sensation in medical circles in that city. During his sermon, in referring to the immorality existing in the city, the "Rev," said that "most physicians' offices in this city were regular places of assignation. That no matter what illness or complaint befell women, it was only when death was imminent that a male physician should be permitted to examine them, and then in the presence of some other member of the family." The Chattanooga Medical Society has called a special meeting to take action in the matter, and we guess the "Reverend" will very likely "shake the dust."

Reading Motices.

THE THERAPEUTIC MERIT OF COM-BINED REMEDIES, by Stephen J. Clark, M.D., of New York, N. Y .- In nearly every case where quinia is indicated, it can be advantageously combined with antikamnia, which thus becomes a valuble adjunct to quinia. Quinia, for example, is a most decided febrifuge, and its action is usually promptly reliable; but when combined with this member of the aromatic series, its action is markedly increased. Some individuals, however, cannot take any of the coal-tar derivatives; consequently the use of antikamnia will be inhibited in such cases; on the other hand, some patients cannot take quinine.

An important benefit to be derived from the addition of antikamnia to quinine is that it removes the sense of fullness in the head, constriction about the forehead and tinnitus aurium—so common when the latter drug is administered alone; the disturbing action of quinia on the auditory nerve is suspended to a great extent, and the usual quinine deafness is absent. The combination of these agents in tablet form is a happy

one.

The combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of non-defined origin; of the so-called "bilious attacks;" of dengue; in neuralgia of the trigemini; in that of "ovarian catarrh;" and, in short, in nearly every case where quinine would ordinarily be prescribed.

Binz claims specific antiseptic powers for quinia; other writers are in accord with him on this point, and report good results from large doses in septicæmia, pyæmia, puerperal fever and erysipelas. It is a germ-destroyer of the bacilli of influenza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of this disease. In the gastric catarrh of drunkards, this combination is valuable. Quinia is a poison to the minute organism—sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full

dose of antikamnia and quinia will often arrest a commencing pnuemonia or pleuritis. This combination is also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever-reducers.

The germicide power of quinia is the explanation of its success in the treatment of malarial disturbances. Thus it is also a prophylactic against the various manifestations of malarial poison, and as such it can be relied on. The cause of malaria as a disease consists of pigmented bodies, which penetrate the interior of the red blood corpuscles—pigmented bodies of various shapes and flagellate organisms—both having amœboid movements—the filaments being in active vibration.

In meningeal troubles, attended by marked acceleration of the heart due to the rise in the fever temperature, full doses of quinine and antikamnia at intervals of, say, about four hours, will be productive of good. In measles, large doses of the combination at night-say ten grains of each for adults (doses for children in proportion), will relieve the distress of the catarrhal pneumonia, and modify, in great degree, the amount of the exudative products. The periodical neuroses which may be either regular or irregular in their manifestations, but which are dependent on the malarial germ for their origin, are all controllable by the combination of quinine and antikamnia. Examples of such neuroses are asthma, laryngismus stridulus, summer catarrh, etc. Indeed, for the hemicrania and neuralgias of malarial origin, the combination of quinine and antikamnia, just alluded to, may be declared a specific.

The dose of quinine may be made smaller than usual when administered with antikamnia. Thus, one or two tablets of two and a half grains each of quinine and antikamnia will prove sufficient for great utility in puerperal mania, in the headaches of advanced age, accompanied with vertigo and despondency.

This combination is capable, by the combined influence of each drug on the

nervous system and blood, of restraining all the processes which develop heat, organic changes and muscular motion; therefore, it is "the one thing needful" in the treatment of the hyperpyrexia of malarial fevers In the vast majority of cases, when necessary to administer quinine, if antikamnia be added to the prescription, the results will be surprising.

Formerly, the idea prevailed that, in order to render the treatment of fevers efficient, the gastro-intestinal tube should be cleaned out by emetics and cathartics. This, however, is a fallacy, as the conditions they are intended to remove depend mainly on the malarial poison, for which the combination of quinine and antikamnia is the specific cure.

In speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer say: "The effects desired, and certainly, as a rule, produced, are a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a slower and more easy respiration, or relief from pain, and the feeling of fullness of the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is there a checking of the fever, but of all evidencesgeneral and local-of the pulmonary engorgement and inflammation."

In Meniere's disease, or "labyrinthine vertigo," this combination has, by persistent use, entirely removed the trouble in many cases. The curative effects of quinine and the coal-tar antipyretics in sunstroke are well known, and have been used recently with great benefit in numerous instances in this country and in India. In hysteria, and even in epilepsy, the combination of quinine and antikamnia is often indicated, and will frequently give the desired results. In whooping-cough and hay fever, quinine and antikamnia will prove beneficial.

The tablets of equal parts of quinine and antikamnia, spoken of in this article, can be administered by the rectum, with good effect. They should first be dissolved in whiskey, and then water can be added in any quantity needed—always remembering the total quantity of each drug in such enemata.

66 West Tenth Street.

-Virginia Medical Journal.

Pointers for Frogressive Physicians.—You must know that there are reliable and also worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased. Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products you want.

Parke, Davis & Co. claim that their facilities for securing the highest quality of drugs and their preparations are unequaled. They guarantee every unopened package from their laboratory

absolutely as represented.

Pepsin Aseptic. Owing to the arbitrary standards of strength adopted by various manufacturers of pepsin, buyers are sometimes confused as to the actual value of a given product. In order to meet the demand for different strengths, we have decided to market a line of Aseptic Pepsins in both scale and powdered form, ranging in strength from one to fifteen thousand, which we offer at the uniform price of \$4.00 per pound per thousand digestive power.

As regards the quality of these pepsins, we have no hesitancy in pronouncing them superior in every particular to any similar products now upon the

market.

We are prepared to supply almost any concentration desired,

All are perfectly soluble.

Practically free from peptone, they are not affected by atmospheric influences and will keep indefinitely.

The absence of odor is the best testimony of their superiority in this particular, they being entirely free from all taint or suspicion of putrefaction.

Appearance: The scales are bright and free, while the powdered product is perfectly white. Both are identically the same except in the matter of form.

Diseased Appetite of Hysterical Women: B.—Tinct. Ignatiæ.....r drachm.

Celerina [Rio].....4 oz
M. Sig. Teaspoonful three times

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization
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T. e Oxydising Agents—Iron and Manganese;

The Tonics-Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases,

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOW, 48 Vesey Street, New York.

A Fertile Soil



For the development and propagation of pathogenic germ life, is found in the alimentary canal in every case of Typ!:oid Fever. Almost every progressive practitioner is now pursuing the Antiseptic treatment of this disease in his practice, and numberless drugs are advised by different authorities for the purpose of making the bowels as aseptic as possible. Do

not many physicians who prescribe this treatment at the same time tend to defeat their purpose by allowing the administration of a nourishment which will add to the septic condition already present?

LIQUID PEPTONOIDS

is not open to this objection, because it is an absolutely aseptic food, and Asepsis is now recognized as being of more vital importance than Antisepsis. Liquid Peptonoids possesses other advantages as a nutrient in this and other infections diseases: namely, palatability, peptonization, stimulation, etc. These we simply refer to, wishing at this time to lay specia stress upon its value as an Aseptic Food.

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NORTH CAROLINA

MEDICAL JOURNAL.

Official Organ

Medical Society of North Carolina.

Official Organ
South Carolina Medical Association.

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J. ALLISON HODGES, M. D.'

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Physiological Remedies: Desiccated Thyroids, Cerebrin.

As a result of the well-known investigation of Dr. Brown-Sequard and other eminent therapeutists, materia medica has recently been largely extended by resort to the use of products representative of certain glands or tissues of the animal economy.

As we have always made the manufacture of the digestive ferments a specialty, and enjoy every facility for the preparation of products of this character, we will undertake to supply some of these new remedies, of which we now have ready:

DESICCATED THYROIDS

In the form of an impalpable powder, representing in permanent form the thyroid glands of sheep. This product is of such strength that 15 grains represent one gland of average size. It is highly recommended in the treatment of Myxœdema.

CEREBRIN.

Prepared after the formula of Dr. William A. Hammond. Put up in glass-stoppered ounce vials.

[While Dr. Hammond has recommended maceration of the brains tor six months, we have modified his method in such manner that we are enabled to thoroughly extract the crude material in as many days]

One serious drawback to the use of these products has been the difficulty in getting the necessary crude material, and the disagreeable character of the work involved in their preparation.

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The well-known reputation of our house is a guarantee of our ability and intention to fulfill every requisite. We do not doubt that many interesting results will follow the application of these new physiological remedies.

It is our purpose to extend this list from time to time. Descriptive literature of those announced will be supplied on application.

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NORTH CAROLINA

MEDICAL JOURNAL.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY,

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No. 5.

Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript

CLINICAL LECTURE-MARCH 29, 1893.

BY WILLIAM OSLER, M.D.

Delivered in the Amphitheatre of Johns Hopkins Hospital, Baltimore.

[Reported by D. G. Caldwell, M.D., expressly for this Journal.]

Τ

Boy. Has chronic valvular disease. Has had empyema and rheumatism. Has subcutaneous fibroid nodules about the joints of the phalanges, the elbow and knees. These are very rare in this country. Barton has studied these, but they were first described by French writers.

The boy has a wide area of cardiac impulse, which extends from the second intercostal space on the right, through the third, fourth, fifth and sixth interspaces. The point of maximum intensity is in the sixth inter-space 7 c. m. below nipple and 4 c. m. to left of nipple line. The impulse extends into mid-axillar.

It is difficult to say in this case whether or not the area of heart dulness is movable. On taking a full inspiration the dulness of heart should be largely obliterated, if there be no peri-cardial adhesion.

Auscultation. We find a loud systolic murmur at apex; rumbling echoing murmur in diastole; no murmur at aortic valve; murmur not intense at right of sternum.

As there is no œdema, heart and lungs acting well, I will not give digitalis.

II.

Woman. Has been in hospital before. Was aspirated for ascites. Has syphilitic liver. Has nodes in tibia. In May she had hemiplegia To-day she looks stout, color good, no jaundice.

The abdomen has been enlarging for several weeks and is now much enlarged. Four weeks ago she "had a spell" in which she fell at the door; she does not remember having pain. She has an enormous distension of the navel and slight umbilical hernia.

The large size of the abdomen probably is not all due to fluid. In the left side the spleen extends a hand's-breadth below the ribs and is much enlarged. Liver—edge just palpable; on deep inspiration the liver comes down three finger's-breadth; not sore at all; dulness is more marked in the middle region of the abdomen than at the sides.

She has not menstruated for five months; says she is not in a "family way;" well-marked souffle heard in the umbilical region, more marked to the left—thought to be placental souffle; do not feel any feetal movements; no feetal heart heard.

Referred to First Assistant Gynecologist, Dr. Robb, to examine for pregnancy.

This woman has, in connection with her syphilitic liver, one feature which has not received the proper amount of attention, namely, enlargement of the spleen. We find this in all forms of cirrhosis.

Hæmorrhage of stomach is very com mon in cirrhosis of liver—often the very first symptom—before any ascites. This point is not often referred to. It is frequently associated with enlarged spleen. But enlarged spleen alone may give hæmorrhage from stomach, as I have seen in case of leukæmia. HÎ.

Man. Aged 34. Admitted March 15th. Healthy when a boy. Now has jaundice and pain in hepatic region. No fever. Admits drinking slightly for three years. Takes a drink early in the morning. Has had epilepsy—attacks mild—has two or three per year. Had an attack of pain followed by jaundice last August. He recovered completely in a few weeks and remained well two months.

He came to this hospital with his second attack. His attacks of pain last from a few hours to several days—has to have morphine. Jaundice continues this time. Stools are clay-colored Liver slightly enlarged. Sore over epigastric region. Has no itching of skin. Itching is a common symptom of obstructive jaundice. His color does not vary much from day to day.

I can rule out cirrhosis in this case, as jaundice is too deep. Stools are not absolutely clay-colored in cirrhosis.

This case of obstructive jaundice is probably due to impacted gall-stones.

He has no chills or fever; this shows no infection. The cases which have these are due to *Bacillus Coli Communi*.

He is taking to ounces of olive oil per day.

I have no faith in it. This forms a concretion which is mistaken for stones. I have given quarts of it and have seen no good results. It has a good impression on the patient.

NOTES FROM TEN YEARS' SERVICE (4,131 CASES) AT THE PHILA-DELPHIA DISPENSARY FOR SKIN DISEASES: URTICARIA, ERYTHEMA MULTIFORME, PURPURA AND LICHEN PLANUS.

By Henry W. Stelwagon, M.D., Clinical Professor of Dermatology in the Jefferson Medical College, Dermatologist to the Philadelphia Hospital, etc.

[Written expressly for this Journal.]

URTICARIA.

Seventy cases of urticaria came under observation, or a proportion of 1.7 per cent. Of these there were 33 males and 37 females. The ages of patients are shown in the following:

Under 10 years, 8 cases; between 10 and 20 years, 12 cases; between 20 and 30 years, 20 cases; between 30 and 40 years, 11 cases; between 40 and 50 years, 14 cases; between 50 and 60 years, 2 cases; over 60 years, 3 cases.

In as many as 20 cases the disease was more or less chronic, having lasted from a month to several years; this large proportion being not unusual at a special dispensary, where acute cases are not apt to go. In several cases the manifestation was of the papular variety. In one chronic case in which the disease had persisted more or less continuously for six months, sudden and evanescent attacks of swelling of the eyelids, lips and fingers occurred from time to time. Digestive disturbance, uterine irregularities and neurasthenic conditions seemed the most common etiological factors. Internal treatment was based upon a study of the individual case, sodium salicylate, salines, salol, belladonna or its alkaloid atropia, ergot and quinia being most frequently prescribed. Externally relief was often afforded by applications of cooling lotions, such as diluted vinegar, alcohol and water, carbolic acid washes, one to three drachms to the pint, to which were added one ounce of alcohol and a drachm or so of glycerin; by thymol lotions, of onehalf to two grains to the ounce, with about the same proportion of alcohol and glycerin to the pint as in the carbolic acid wash; and in some cases by liquor carbonis detergens, with several parts of water; and finally by resorcin lotions, one to four drachms to the pint. Dusting powders were sometimes grateful, more especially when used as a supplementary application to a wash.

ERYTHEMA MULTIFORME.

Forty-three cases of this disease, or a proportion of about 1 per cent., were observed-22 males and 21 females. Of the types of the eruption met with, 15 cases exhibited the papular, 13 the multiform, 2 the annular, 1 the configurate 4 the herpetic and bullous, and I the nodose; in seven cases it was not noted. As regards the site of the eruption, in 8 cases it was upon the back of the hands and forearms; in 6 on the forearms, hands and face; in 3 on the forearms, hands and neck; in 2 on the forearms, hands and trunk; in 7 on the arms and legs, more especially the lower portions; in 2 on the trunk; in 1 on the face and limbs; in 1 on the face; in 10 it was more or less general; and in 3 it was not recorded. The eruption occurring upon the backs of the hands and forearms was almost invariably papular or papulotubercular, and this was even so in generalized cases when the eruption elsewhere was multiform. In two of the bullous cases the eruption was widespread, but that upon the trunk was erythematous and multiform, while that upon the hands and forearms, and to a less degree that upon the face, developed rapidly into bullæ; in the third case and fourth bullous cases the eruption in the former was limited to the backs of the hands and forearms, and in the latter mainly to the trunk and upper arms, and was made up of patches of one or several concentric erythemato-vesicular, vesicular and vesiculo-bullous rings—so-called herpes iris. In the nodose case—erythema nodosum—the patient was a boy of 13, and the eruption, consisting of a number of typical erythematous erysipelas-like nodes and swellings, and a few papules and rings, was seated upon the forearms and tibial surfaces.

In a number of cases there were no subjective symptoms to speak of, but this cannot be said of all; itching, it is true, was rarely an urgent symptom, but in some cases, especially in the beginning disease, it was sufficiently annoying to be the subject of complaint. In but a few instances was there any constitutional disturbance, and this consisted of a light febrile action preceding or accompanying the early part of the attack, gastric uneasiness, and, in one or two instances, a slight tendency to rheumatic pain and swelling of one or several of the larger joints; the systemic symptoms were most marked in the case of nodose erythema. The duration of the disease in the cases here tabulated varied from several days to several weeks, the longer duration being due more to fresh outbreaks than to persistence of the original efflorescences. A study of the case sheds but little light upon etiology Sex was not a factor, and, although 19 cases were seen in the spring, season did not have the predisposing influence usually credited to it, as in the winter months 9 cases were met with, in the summer 12 cases, and in the autumn but 2 cases. Age had apparently some influence, inasmuch as 35 of the 43 cases occurred in patients under the age of 30, as will be seen by the following:

Under 5 years, 8 cases; between 5 and

10 years, 1 case; between 10 and 15 years, 10 cases; between 15 and 20 years, 5 cases; between 20 and 30 years, 12 cases; between 30 and 40 years, 3 cases; between 40 and 50 years, 3 cases; between 50 and 60 years, — cases; over 60 years, 1 case.

The youngest patient was aged 15 months and exhibited the multiform type upon face, trunk and limbs; the oldest was 65, and presented the papular variety upon the backs of the hands and wrists. It is questionable whether treatment had any influence whatever, as at the best it was necessarily empirical; so far as could be judged, saline aperients, antacids and quinia had in some instances a good effect. External treatment, except in the bullous cases, in which mild protective applications were made, was seldom called for.

PURPURA.

Sixteen cases of purpura were seen, 9 males and 7 females. In all the disease was of the milder type, without, as a rule, any constitutional symptoms, and without, too, any adequate explanation for the outbreak. Ten of the cases came under notice during the months of April, May and June.

The youngest patient was aged 4 months, in whom the disease had made its appearance two months previously, and consisted, when seen, of fifteen to twenty patches scattered over face, trunk and limbs; the general condition was good. The oldest patient was a German aged 57, in whom the disease had lasted for five weeks, and presented the ordinary patches over legs and thighs. In one case a man aged 44, the eruption was chiefly confined to the trunk, the patches, which were numerous, although small, showing, for the most part, the circinate or annular form. (Reported in the Journal of Cutaneous and Genito. Urinary Diseases for October, 1887.)

This circinate tendency is not, judged by the cases here tabulated, so uncommon as has been supposed, as in two others in whom the eruption was upon the legs and thighs, the patches on this latter region displayed this same character. The site of the eruption was in 8 cases upon the legs; in 3 upon the legs and forearms; in 2 it was more or less general in its distribution; in 1 mainly upon the trunk; in 1 on the forearms, and in I it was not recorded. The preprevious duration, as a rule, varied from several weeks to a year or more; in one case the patches had been making their appearance, at irregular intervals, for six years. The remedies employed were chiefly ergot, the oil of erigeron canadensis, and the tincture of the chloride of iron.

LICHEN PLANUS.

Fourteen cases of lichen planus were recorded, ten males and four females. The youngest patient was aged 22, presenting the eruption on the flexor sides of the forearms; and the oldest was

aged 72, showing the eruption upon the hands and forearms, mainly on the dorsal aspect. All ages between these extremes were about equally represented. The disease was of the ordinary type; in a few instances the papules were hypertrophic. The eruption was, with the exception of 1 or 2 cases, limited in extent; seated upon the upper extremities, especially the forearms, in 4 cases; upon the lower extremities, more particularly the region of the ankles, in 4 cases; the trunk in 2; arms and legs in 1; trunk and forearms in 1; and in 2 it was not noted. The previous duration varied from several months to a year or longer; in 2 cases there was a history of recurrences. It may be said that constitutional treatment, consisting of arsenic, quinia, strychnia and other tonics, had a positive influence. The external treatment was chiefly by resorcin lotions or ointments, 2 to 10 per cent. strength. tarry lotions, especially the liquor carbonis detergens; thymol lotions and tarry ointments.

BLOODLESS AMPUTATION AT THE HIP-JOINT BY A NEW METHOD.

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Abstract of a Paper read before the Surgical Section of the Suffolk District Medical Society, February 1st, 1893.

Prevention of unnecessary loss of blood during the performance of an operation is one of the modern requirements of successful surgery. Efficient prophylactic hæmostasis has not only greatly reduced the mortality of capital operations by preventing the loss of an amount of blood incompatible with life, but it has proved equally useful in favor-

ably influencing the subsequent reparative processes. Experimental research and clinical observations have demonstrated conclusively that diminution of intravascular tension caused by hæmorrhage is one of the potent factors which favors the origin and spread of infection, and besides retards the healing of the wound.

The importance of a recourse to prophylactic hæmostatic measures is proportionate to the size of the bloodvessels which must unavoidably be severed in an operation. Thus in amputation of the extremities, without special precautions, the immediate risk to life from hæmorrhage is greater the nearer the operation approaches the trunk. While a finger, or a toe, or even a hand, or foot, might be amputated without the use of a tourniquet, or elastic constrictor, without incurring any immediate risk to life from the loss of blood, such a procedure in amputation at the shoulder- or hip-joint would jeopardize life on the operating table-In all amputations below the shoulderand hip-joints we have now in Esmarch's elastic constrictor a reliable measure with which we can absolutely control hæmorrhage during the operation, and thus minimize the loss of blood. Elastic constriction is the simplest and safest method of preventing hæmorrhage wherever it can be applied.

The first successful case of hipjoint amputation was performed about the beginning of the present century. In military practice, Larrey obtained the first successful result after six failures. In 1812 Baffos reported the first successful result in civil practice; but it appears that Mulder, in Groningen, operated with success in 1798. Of 486 cases collected by Luning, the mortality was 70 per cent.—gunshot wounds, 239 cases, mortality 98 per cent.; pathological indications, 153 cases, mortality 42 per cent.

The technique of controlling hemorrhage has undergone many changes, and is still far from perfect. Compression of the abdominal aorta by specially made tourniquets; digital compression of the femoral or external iliac artery; instrumental compression of the common iliac artery against the pelvic brim, devised by Mr. Davy, a long rod being

inserted into the rectum and the outer extremity raised, thus compressing the artery where it lay on the pelvic brim, the anus acting as the fulcrum; preliminary ligation of the femoral artery; also of the external iliac; and preliminary ligation of the principal vessels in the incision prior to their division, are the principal among the early devices.

Then came the introduction of Esmarch's bloodless method of operating by elastic constriction, which was soon applied to high amputations of the thigh.

"The tube is tightly wound once or twice around the limb just below the flexure crease of the thigh, the ends are crossed above the groin, passing around over the posterior surface of the pelvis, and are finally hooked together by the chain across the abdomen. A firmly-rolled linen bandage may also be laid over the iliac artery, directly above Poupart's ligament, as a pad, and tightly pressed upon the artery by several figure-of-eight turns of a strong rubber bandage."

Mr. Jordan Lloyd employed for the same purpose a common calico roller, which was applied over the external iliac artery, over which was placed a strip of black India-rubber bandage about two vards long, which was doubled, the center of this bandage resting between the tuberosity of the ischium and the anus, the ends, drawn tight enough to arrest the circulation completely, were firmly held at a point corresponding to the center of the iliac crest on the side to be operated upon. In order to prevent slipping away of the band from the compress, these were fastened together with a safety-pin. By this method of compression Mr. Lloyd expected to prevent hæmorrhage not only from the femoral and its branches, but also from the branches of the internal iliac. The prevention of hæmorrhage by this method rests entirely in the hands of the assistant, and consequently cannot be relied

upon under all circumstances. In disarticulation of the thigh through an external or anterior racket incision, elastic constriction as heretofore practiced has been very unsatisfactory indeed, and main reliance was placed on dividing the tissues quickly after disarticulation, seizing and tying the principal vessels. Elastic constriction has been made more serviceable since Esmarch devised his method of amputation at the hip-joint by first making an ordinary high amputation of the thigh, leaving the remova, of the proximal end of the femur until all the principal vessels were tied. Although this method of operating is generally accredited to Esmarch, similar claims are made by the Germans for Pitha, the French for Lacanchie, the Americans for Bontecou. It is well known that Dieffenbach performed it in 1826, and Ravaton proposed it before that time with the advice to make the vertical incision first. Primary re-amputation of the stump requires section of the femur and tends to increase the hæmorrhage from the vertical incision after the ligation of the principal vessels of the stump, circumstances which can hardly fail to add to the gravity of the operation. One great obstacle to the use of the elastic constriction in this operation has been the slipping of the constrictor after the circular amputation. For the purpose of preventing this accident, the thigh below the constrictor has been transfixed by long needles or skewers. Trendelenburg transfixes the thigh by a single needle passed in front of the neck or the femur and beneath the large vessels. Mr. Myles thrusts a stout steel skewer straight through the thigh from before backwards. The needle is made to enter an inch below Poupart's liga. ment, and just to the outer side of the femoral artery it passes to the inner side of the neck of the femur, and emerges a little above the gluteal fold. A rubber cord in the form of a figure-of eight is

passed around the projecting ends of the skewer. Wyeth uses two strong mattressneedles for the purpose of preventing slipping of the elastic constrictor. The point of one is inserted an inch-and-ahalf below, and just to the inner side of, the anterior superior iliac spine, and is made to traverse the muscles, passing about halfway between the great trochanter and the iliac spine, external to the neck of the femur, and emerging from just behind the trochanter. The second needle is entered an inch below the level of the groin internal to the saphenous opening, and, passing through the adductors, the point coming out about an inch-and-a-half in front of the tuberosity of the ischium. A piece of strong rubber tube half-an-inch in diameter, and long enough when tightened to go five or six times around the thigh, is now wound very tightly around and above the fixation needles, and tied, The elastic constrictor and needles are removed as soon as the circular amputation is completed and the principal blood-vessels have been tied, whereupon the proximal end of the femur is removed. It appears immaterial to me whether one or two needles are employed as the object of using them is simply to prevent slipping of the elastic constrictor, which is fully accomplished by using one needle or skewer.

Dr. A. B. Keyes, late interne, Cook County Hospital, has devised a much simpler, and, I believe, better method of controlling hæmorrhage in amputations at the hip-joint by Furneaux Jordan's method. (The Chicago Medical Recorder, May, 1892.) After dislocating the head of the femur and separating the periosteum with the attached soft parts down to the proposed point of amputation he constricts the soft parts with a bandage composed of several layers of aseptic gauze folded to about two inches in width, which he ties into a loop and constricts with a hammer handle, "Spanish

windlass" fashion, after the limb has been rendered comparatively bloodless by holding it for a short time in a vertical position. The circular amputation is then made below the point of constriction in the usual manner. Dr. Keyes reports two cases successfully operated upon by this method. Although the probability of slipping of the constricting bandage is greatly lessened by apply. ing it after the femur has been dislocated and its upper end cleared of soft parts, such an accident is still possible after the circular amputation has been made, and the management of the constrictor requires a reliable assistant which must be looked upon as a serious drawback in case the necessary assistance cannot be readily secured, I consider the preliminary dislocation of the head of the femur and clearing the upper end of the bone by the external rachet incision far preferable to Esmarch's method of amputation at the hip-joint, provided hæmorrhage can be safely controlled during the subsequent steps of the operation without the aid of a skilled assistant. I prefer this method of dealing with the femur because the removal of the proximal end of the femur after the circular amputation is a much more difficult and time-consuming task than when the whole shaft of the femur can be used as a lever, at the same time the hæmorrhage attending the external incision is much greater after ligation of the femoral vessels than when the incision is made and the head and upper end of the femur are liberated prior to making the amputation and before the circulation in the femoral vessels is interrupted.

Shock, or, as Pirogoff called it, "general traumatic torpor or stupor," cannot be ignored as a frequent cause of death in amputation involving the removal of an entire limb; but Langenbeck does not believe that any of his patients died from it, and accuses chloroform and loss

of blood during or soon after the operation as the direct and immediate causes of death. Rose also attributes the fatal issue in his cases to acute anæmia due to hemorrhage. The amount of blood lost is no criterion, as in debilitated persons the loss of a few ounces may turn the balance in the direction of failure.

Statistics show that in the majority of cases hemorrhage was the cause of the great mortality which attends this operation during the first five days, including at least 70 per cent. of the total mortality. Volkmann has called attention to the profuse parenchymatous oozing which frequently attends this operation, and which has done so much towards adding to its great mortality. Enough has been said to show the necessity of taking special precautions in performing this operation to prevent by appropriate measures the loss of blood.

The femoral artery is not the only source of dangerous hemorrhage. It may come from the profunda femoris, which may have a high origin, from the obturator, ischiatic or circumflex, the femoral vein, occasionally quite severe, and Volkmann has reported one case in which two pints of blood were lost by the parenchymatous bleeding, which is often quite severe.

The cardinal points in a typical amputation at the hip-joint are: 1. Disarticulation of the head and isolation of the upper part of the femur from the attached soft tissues through an external straight incision. 2. Elastic constriction of the thigh just below the pelvis until the amputation has been completed and the principal vessels have been tied. 3. Formation of cutaneous flaps and circular sections of deep tissues below the point of constriction,

I will now proceed and give you a somewhat detailed account of the operation I have devised, which will further elucidate the points just enumerated.

External Incision .- The external in-

cision is Langenback's incision for resection of the hip-joint, differing from this only in so far that it is carried a little farther in a downward direction in order to afford more ready access to the shaft of the femur as far as the proposed line of section through the deep soft parts, The incision is made about eight inches in length parallel to the long axis of the femur directly over the center of the great trochanter, extending about three inches above the upper border of the trochanter. When the knife reaches the trochanter from above downwards its point should be kept in contact with the bone the whole length of the remaining part of the incision. The margins of the wound are now retracted and any spurting vessels, such as the circumflex arteries, secured by applying pressure forceps.

Dislocation of Head of Femur and Clearing of Upper Portion of Shaft .- During this and remaining steps of the operation the body is drawn down so that the pelvis rests upon the lower edge of the table, so that the position of the thigh can be conveniently changed by the assistant who is entrusted with this work. The pelvis is tilted sufficiently upon the opposite healthy side to facilitate this step of the operation. The trochanteric muscular attachments are now severed close to the bone with a stout scalpel. The clearing of the digital fossa and division of the tendon of the obturator externus requires special care. The thigh is now flexed, strongly adducted, and rotated inwards when the capsular ligament is divided transversely at its upper and posterior aspect. The remaining portion of the capsular ligament is severed while the thigh is brought back to a position of slight flexion, After complete division of the capsular ligament, the thigh is rotated outwards. and, if possible, the ligamentum teres is divided; if this cannot be readily done, the head of the bone is forcibly dislocated upon the dorsum of the ilium by flexion, adduction and rotation inwards of the thigh. After dislocation has been effected the trochanter minor and upper part of shaft of femur are cleared by using alternately scalpel and periosteal elevator. In cases where it is deemed advisable the periosteum can be preserved. At the completion of this part of the operation the femur is in a position of extreme adduction. By pushing the femur through the opening as much of the shaft can be cleared as may be desired for the purpose of making a low amputation.

Elastic Constriction .- During the operation, so far, if the surgeon has kept in close contact with the bone, and has used the knife sparingly and the periosteal elevator freely, the hæmorrhage has been very slight, much more so than if this part of the operation had been reserved for the last, as is done in Esmarch's method. Further loss of blood during the subsequent steps of the operation is now prevented by elastic constriction applied in the following manner: The limb is brought down in a straight line with the body, the thigh slightly flexed so as to push the upper free end of the femur forward into and beyond the wound, when a long stout hæmostatic forceps is inserted into the wound behind the femur and on a level with the trochanter minor when in normal position: the instrument is pushed inwards and downwards in a direction about two inches below the ramus of the ischium and just beyond the adductor muscles. As soon as its point can be felt under the skin in this location an incision is made through the skin about two inches in length through which the instrument is made to emerge. After enlarging the tunnel made in the soft tissue by dilating the branches of the forceps, a piece of aseptic rubber tubing three-quarters of an inch in diameter and about three or four feet in length is grasped with the

forceps in the middle, and is drawn along the tunnel as the forceps is withdrawn. After this has been done the rubber tube is cut in two at the point where it was grasped by the forceps. With one half of the tube the anterior segment of the thigh is constricted sufficiently firm to completely interrupt both the arterial and venous circulation. Prior to constriction the limb is rendered bloodless by elastic compression, or by keeping it in a vertical position for a few minutes, or both of these methods are combined in preventing unnecessary loss of blood The elastic constrictor is either tied, or, still better, after having secured the necessary constriction both tubes are caught and held by a strong pair of forceps at a point where they cross each other. The posterior segment of the thigh is constricted by the remaining rubber tube, which is drawn sufficiently tight behind, when the ends of the tube are made to cross each other and are brought forward and made to include the anterior segment, when they are again firmly drawn and tied, or otherwise fastened, above the first constrictor. As the anterior segment of the thigh contains the principal blood-vessels. this method of applying the posterior constrictor furnishes an additional security against hæmorrhage from the large vessels when divided by the circular incision.

Cutaneous Flaps—Muscular flaps should be avoided in all amputations at the hipjoint. Inclusion of muscles in the flaps is often accountable for incomplete re moval of malignant or infective disease for which the amputation is made. An ideal stump can be made by cutaneous flaps and circular section of the muscles. If the conditions for which the amputation is to be made permit it a long oval anterior and short posterior skin flaps should be made. If the condition of the soft tissues of the thigh are such as to render this impracticable, healthy skin

must be obtained by making, for instance, a long external and short internal flaps, or a long posterior and short anterior according to the location and extent of the disease. The long anterior and short posterior flaps are best adapted for a useful stump and efficient drainage. In making the anterior flap the incision is commenced at the lower terminus of the straight incision, dividing the tissues down to the muscles, it is carried downwards then in a gentle curve across the anterior aspect of the thigh, embracing about two-thirds of the circumference of the thigh, it is finally carried upwards to a point on the inner side just below the opening in the skin occupied by the constrictors. The posterior flap is made in a similar manner, but about one-third shorter. The flaps are now reflected to the point where the muscles are to be divided, and should always include the deep fascia. The flaps are to be held out of the way, while the operator completes the amputation by dividing the muscles with an amputating knife. This last incision will correspond to a point on the femur to where the bone has been deprived of soft parts. The incision through the muscles should be slightly conical, with the apex of the cone directed upwards and corresponding to the location of the tube made by the enucleation of the femur.

The sciatic nerve is now resected to the extent of an inch or more, and the femoral artery or arteries tied with catgut in the usual manner. The femoral artery and vein are now isolated and a second catgut ligature, including both of these vessels, applied half-an-inch higher up. In this manner the vein is ligated, while the artery is secured by a double ligature which places the end of the vessel in the best possible condition for definitive closure and cicatrization. The inter-muscular septa are now examined, and any vessels that can be seen are tied. While the posterior constrictor is re-

moved the posterior half of the stump is firmly compressed by applying a hot moist compress of aseptic gauze over which manual pressure is made for a short time for the purpose of diminishing parenchymatous oozing. After removal of the compress, additional bleeding vessels are secured. The anterior part of the amputation surface is treated in a similar manner: after the removal of the anterior constrictor, but few, if any, additional ligatures will be required here. The double constrictor presents many advantages in the prevention and treatment of hæmorrhage in this amputation. Slipping of the constrictors is an impossibility, and they control the hæmorrhage absolutely while their proper use divides the wound into two halves, each of which is separately treated, thus reducing the loss of blood to a minimum. I applied this method to one case recently, and every one present was favorably impressed with the ease with which the hæmorrhage was controlled during the amputation, and was astonished at the small amount of blood lost after the removal of the constrictors. As this method of amputation does not require the presence of a skilled assistant, it will prove of special value in emergency cases. The operation can be performed with instruments contained in every pocket case. Should an elastic tube not be at hand, the constriction can be made in the manner described by substituting for it a cord made of sterilized gauze or bandage.

The following conclusions represent the principal advantages of the bloodless amputation at the hip-joint as described in this paper:

r. Preliminary dislocation of the head of the femur and clearing the shaft of this bone of all soft tissues down to the proposed line of amputation through an external straight incision requires less time, is attended by less hæmorrhage and

shock than when this part of the operation is done after circular amputation, as advised by von Esmarch and others.

- 2. The external straight incision is the same as von Langenbeck's incision for resection of the hip-joint, differing only in length.
- 3. After dislocation of the femur the soft tissues are tunneled with a hæmostatic forceps, which is entered through the external wound on a level with the trochanter minor to a point on the inner aspect of the thigh behind the adductor muscless and about two inches below the ramus of the ischium, where a counter opening two inches in length is made.
- 4. Bloodless condition of the limb should be secured by elastic compression or vertical position prior to tying the elastic constrictors.
- 5. An elastic tube three-quarters of an inch in diameter and about four feet in length is grasped with the forceps in the center and drawn through the tunnel made by the forceps.
- 6. After dividing the elastic tube in the center the base of the thigh is constricted by drawing firmly and tying the anterior constrictor in front of the anterior section, while the posterior constrictor, after being drawn tight behind the posterior section, the two ends are crossed and then made to encircle the whole thigh, when the ends are again drawn firm and tied, or otherwise secured above the anterior constrictor.
- 7. A long and a short oval cutaneous flap should invariably be made in all amputations at the hip-joint.
- 8. In preference, a long anterior and a short posterior should be selected.
- 9. The transverse section through the muscles should be somewhat conicle in shape, the apex of the cone corresponding to the tunnel made by enucleation of the upper portion of the shaft of the femur.
- 10. Resection of the end of the sciatic nerve and ligation of all vessels that can

be found should be done before the removal of the constrictors.

- 11. The femoral arteries should be secured by a double catgut ligature half-an-inch apart, the one on the proximal side including also the accompanying vein.
- 12. The posterior constrictor should be removed first, and all hæmorrhage

arrested by ligation and compression before the anterior constrictor is removed.

- 13. The upper part of the wound corresponding to the acetabulum should be drained with an iodoform gauze tampon, and the remaining part of the wound by one or more tubular drains.
 - 532 Dearborn Avenue.

REPORT OF A CASE OF PSORIASIS OF THE TONGUE, WITH SOME REMARKS.

By J. Allison Hodges, M.D., Wilmington, N. C.

[Written expressly for this Journal.]

Henry D., aged 45, presented himself at my office, August 8th of last year, for treatment of an ulcerated surface on his tongue.

His previous history was good, both his father and mother having died of senility. There was no history of specific disease, and, though he had been accustomed to make use of both whiskey and tobacco, he had never done so to an excessive or immoderate degree. He was of a sanguino-bilious terperament, and, at the time of presenting himself to me, appeared to be in rather a debilitated state, being anæmic and excessively nervous. Upon physical examination, his heart and lungs proved to be in a healthy condition, but a slight tenderness was apparent over the hepatic region. There was, however, no enlargement of the liver itself.

Appetite was poor, but digestion seemed unimpaired. The principal annoyance experienced from the lingual ulceration was a dry and pricking sensation over the entire surface of the mouth, and some inconvenience in conversation. The ulcerated surfaces complained of were shallow and about the size and shape of a pea and were confined to the

left margin of the tongue. They were then of about two week's standing.

There were two lesions visible at this time. There was no thickening or induration of the organ about the site of the ulceration.

Upon this superficial examination, a diagnosis of herpetic ulceration of the tongue was made, and the patient was ordered to take five grains of calomel, followed by Hunyadi water, this to be repeated in two nights. At the same time tonic doses of the elixir of iron, quinine and strychnine, with three minims of Fowler's solution of arsenic to the dose, was administered. No local application was made.

After several days he presented himself again, the symptoms being no better. The ulcerated surfaces were now touched with lunar caustic and the same internal treatment continued.

After an interval of three days, the diseased spots were healed over superficially, but on the fifth day the ulcers presented the same appearance as formerly, only with an increased tendency to spread. They were then touched with the Pyoktannin pencil, and the same temporary improvement was noticed, but

was soon followed by a renewal of the ulceration at the same points. The ulcers were now examined more critically, and, on account of the silvery white scales that were seen to cover the surface of the ulceration, together with its red base, the disease was diagnosed as psoriasis gyrata.

Then commenced a treatment, both internal and local, which was continued until seemingly the whole armamenarium medicinæ was exhausted, and, though the gamut of remedies was run, there appeared during the entire course of the treatment no real and permanent improvement of the local condition. The general physical condition, however, showed some improvement under the tonic and alterative medication.

Internally, the hypophosphites with cod-liver oil, iodide of potassium in large doses, iodide of mercury, sulphide of arsenic, sulphide of calcium, elixir of iodo-bromo-calcium compound, iodide of strontium, vegetable bitters, etc., were prescribed alternately for over three months, while, for local medication, bismuth, potassium chlorate, chrysarobin, aristol, tartrate of iron and potash, diluted carbolic acid, chromic acid, etc., were used in turn, and according to indications. After a short time, local remedies were discontinued, for, while there was almost invariably a temporary amelioration of symptoms from their use, there was noticeable a tendency towards increased irritation of the affected parts. A prescribed dietary was also ordered and persisted in. Despairing of effecting a cure, the patient was recommended to consult an eminent specialist and competent microscopist in the city of Baltimore. A careful digital and microscopic examination revealed no evidences of epithelioma, and the diagnosis of psoriasis was concurred in. This physican, after scraping the exposed surfaces, recommended a continuance of the arsenical preparations in large doses

until the systemic effect of the drug was reached. He disapproved of any further local treatment.

As a result of this procedure, the ulcerated surface temporarily cured up with a glazed coating, but again speedily underwent the changes heretofore noted, and is to-day, after nearly nine months, about the same as after the first week of treatment.

This case is reported because of its unique character, and because of a complete failure to induce a permanent cure, believing, as I do, that a physician's failures are oftentimes quite as instructive as his successes.

This, as I have said, is an interesting and unique case, presuming that the diagnosis is correct, and, as yet, I have seen no reason to modify it, for these reasons:

- 1. The age of the patient; psoriasis rarely occurs the first time after the fortieth year, but usually begins in childhood.
- 2. The part affected; it usually attacks the scalp and the extensor surfaces.
- 3. The continuance of the eruption in one particular locality; in this case it never attacked even the dorsum or the right margin of the tongue once, but steadfastly remained where the primary lesion manifested itself, on the left margin of the lingual surface. Once the eruption was noticeable for two days upon the patient's chest.
- 4. Its small size; it would begin each time, as would be expected, as a small reddish spot, but never attained a size that is often seen in this disease, and, besides, the two lesions never coalesced.
- 5. Its proneness to become irritated from any local application; even bismuth powders, applied topically, seemed to have this effect.
- 6. Its chronic character; while this disease is essentially a chronic one, it is only so, usually, in its intermittency.

7. Its persistent rebellion to all treatment, both local and constitutional.

Now, after a thorough study of the disease, and after a series of careful and extended experiments in the use of medicines, the further treatment of this

case seems to resolve itself into one or both of the following procedures: Either to radically scrape the affected tissues and apply liquefied carbolic acid, or to excise the affected spots. Which shall it be?

SURGICAL CLINIC.—NECROSIS OF THE TIBIA; RESECTION.

By John B. Hamilton, LL.D., M.D., Chicago.

Professor of the Principles of Surgery and Clinical Surgery.

[By our Special Reporter.]

The patient I present to you was before us last week. He has complete necrosis of the lower end of the tibia and necrosis of the astragalus, both bones projecting through the wound, probably originally a compound or open dislocation. The periosteum being lost, the bone has died in consequence of infection partly and partly from mechanical violence directly applied to the foot.

My advice to this man is that he have his foot amputated. I do not believe an operation for the removal of the lower end of the tibia would be of very much benefit to him. On the contrary, I fear we would have extreme difficulty in obtaining union. The foot, by natural process, will amputate itself if allowed to go on much further.

The conditions in this wound are extremely unfavorable. Remember, I only undertake to perform a resection of the ankle-joint at this man's earest solicitation. We have the parts all about it already infected to begin with. Can this wound be purified so that we may hope for primary union? I fear not. The operation I propose to perform in this case is to cut off the ends of the tibia and fibula with the chisel, then make a linear section of the astragalus, so that I can put the bones together,

measurably, and that is the only feasible operation at this time.

I am afraid that the infection has involved the tissue to such an extent that union is scarcely likely to follow, But we will try it. This operation naturally differs from a typical resection. because in this case, while we expect nothing but ankylosis of the joint, we must make a different incision. However, if we succeed in obtaining union, it will doubtles be better than an artificial foot. You will notice the line of incision is slightly angular, the reason, for it will be apparent when we come to chisel away the bones of the tarsus. I find osteomyelitis of the lower end of the bone and pus escaping from the medullary cavity. It is about as hopeless a case as could be possibly undertaken, so far as the probable result is concerned; but the man is so violently opposed to amputation that I promised to give him the alternative, Amputation can be performed later.

We have before us the lower end of the tibia. I shall now remove the outer end of the fibula to correspond in length to the tibia. I shall cut down through the periosteum and the tisues, that are the seat of chronic inflammation, separating them from the bone, then, with the chisel, I shall divide the fibula parallel with the division already made in the tibia. I must keep the same angle. I am now chiseling through a shell of bone that has been formed between the fibula and tibia—an exudate from the periosteum—a true exostosis. I have now cut off both the fibula and the tibia, and it now remains to make an incision through the sound portion of the tarsal bone, astragalus, so that I can bring it up and make union with the fresh bony ends.

I am now making two preliminary incisions, one through the tarsus and the other through the tibia. I am paying but little attention to the anatomical conformation of the tarsal bone, simply keeping the line straight. Of course, a typical resection where you have the tendons perfect, where the vessels are not destroyed by long-continued inflammation extending for weeks or months. would be one thing; but as it is in this case we must pick out the bones that are in the way and that have formed redundant callus and debris of necrosed bones. I shall now curette all of the granular tissue about this point, remove all spiculæ of bone and pyogenic surfaces, if possible. I shall now bring the tarsal bones to correspond and endeavor to bring the heel up and peg the astragalus to the tibia and fibula with an ivory peg, so that the bones are solidly placed together. That is the object of the operation. I shall now, with a hand drill, make a hole through the fibula in which I can insert the point of an ivory peg, and bring the bones so closely into apposition as possible. I shall finish this by sewing together the periosteum, together

with the deep fascia. I now remove the Esmarch tourniquet. There is no vessel requiring ligature.

One would suppose from looking at this extensive wound, the amount of bone that was removed, and the lacerations of the parts that were necessarily made, that hemorrhage would result, but you see there is no hemorrhage which requires to be controlled. Having sutured the skin, we now apply an immovable dressing.

A practical point connected with dressing is that, in an operation such as this is, you should keep the pitient fully etherized until the plaster sets, then the bones are better retained in position.

You will have noticed that one side of the os calcis in this operation was eaten away by the progress of the disease, so that it was practically impossible to bring any of the bones to the front of the tibia without sawing through the os calcis and in effect making a Pirogoff amputation. In making a Pirogoff amputation, cutting through the os calcis and bringing the end of it to cover the stump, a decent stump can be made; but you will remember the purpose of this operation was to save the foot, and the patient has been so promised. I desire, however, to make now an unfavorable prognosis. The circulation in the foot is good, and if this were an original wound I would have little doubt of saving it, but as it is, I have serious doubts

NOTE.—Two weeks later, no attempt at union had been made, and the patient consented to an amputation, which was performed at once.

Selected Papers.

SCHEDULE FOR PARTIAL REST TREATMENT.

By S. Weir Mitchell, M.D., LL.D., Philadelphia.

(Extract from an Address before the New York Academy of Medicine, December 15, 1892 (Medical Record, December 24, 1892).

I urge in your treatment of chronic disorders something of the accuracy we all carry into the management of acute diseases. It is really more essential to write out in detail how a man should live in order to get over a chronic malady than an acute one, where nurse and doctor are ever at hand. Let the following schedule of what we call partial rest ex-

plain my meaning:

We have to deal, let us say, with a case of moderate neurasthenia and insomnia, with or without dyspepsia. a word you are to treat a woman not ill enough to be put to bed, nor well enough to be cured by mere tonics, or even by these with change of air. 'You, all of you, know these cases. What I propose is to ask this patient to live by schedule, which may be modified to suit the case. I shall not read the too elaborate details, but I shall ask you to accept as exemplars copies of the typical formal scheme, which in every such case I have written out with care, because in many of its details it must vary with the patient.

a. m.—On waking, cup of cocoa. Take bath. (Temperature given.) Lie down on lounge while using drying towels; or, better, be sponged and dried by an attendant. In this process the surface to be rubbed red, or, if drying oneself, to use flesh-brush. Bed or lounge again. Breakfast. Before each meal take three ounces of malt extract; aperient at need in malt. Tonic after each meal. Detail as to breakfast diet. If eyes are good, may then read seated in bed. At 10 to II a. m., one hour's massage Rest one hour; may be read to, or read if eyes are good, or knit. At this time, 11 a. m., four ounces of beef soup or eight ounces of milk. At noon may rise, dress slowly, resting once or twice a few minutes while dressing, and remain up until 3 p. m. See children, attend to household

business; see one visitor, if desirable. 1 to 1:30 p. m., malt. etc., and lunch. Detail as to diet. At first, as a rule, let this meal represent dinner. Tonic, and after it to rest on a lounge, occupied as above, reading or being read to. If possible, to drive out or to use tramway, so as to get air. Walk as little as possible. On return from drive repeat milk or soup. About 5 p. m., electricity, if used at all. Rest until 7 p. m. Supper at 7 p. m. Detail as to meal. Malt as before, with or without aperient, as occasion demands. Tonic: To spend evening with family as usual. Best not to use eyes at night for near view. Bed at 10 p. m. No letters to be written for two months, when most of these details have to be revised.

After two months of massage it should, in these cases, as in complete rest, be used on alternate days, and by degrees given up. If the nurse or masseuse is able to teach the patient the use of Swedish movements, it is desirable that these or some definite, slowly increased system of chamber gymnastics be continued for months. Finally, walking must be resumed with slow and systematic increase. After the second month I write out a schedule of less restriction, to be followed for six months.

What I dread most at the start, in all cases for rest, is grave insomnia. Whether it be accompanied by a state of mild mental excitement, such as we all know, or is a pure incapacity to go to sleep, or to stay asleep; or whether it be in popular medical belief a congested state, I am apt at once, in bad cases, to use twice a day lithium bromide, at first in 30-grain doses, at noon, at 6 and 9 p. m., given in the malt or not, and soon decreased grain by grain. If I want a positive aid at bedtime, I prefer sulfonal in hot water. But of greater value are

some of the hydro therapeutic devices and best of these is what is known, or not known, as the "drip-sheet," Just how this is to be given is of the utmost importance. The following memoranda, which I shall not read to you, but shall ask you to read hereafter, must answer to show how careful one must be, in my opinion, as to these details. I give it here in brief, much as I do to a patient not under the immediate care of a nurse. I cannot help adding that several of the most useful of the water processes are neither taught in our schools, nor so accurately in hydro-therapeutic text-books as to be of much value to the general

practitioner.

Memoranda for Use, at Bedtime, of Drip-sheet.—Basin of water at 65° F. Lower the temperature day by day by degrees to 55° F., or to still less. Put in the basin a sheet, letting the corners hang out to be taken hold of. The patient stands in one garment in comfortably hot water. Have ready a large, soft towel and iced water. Dip the towel in this, wring it, and put it turbanwise about the head and back of the Take off night-dress. Standing in front of patient-the basin and sheet behind-the maid seizes the wet sheet by two corners and throws it around the patient, who holds it at the neck. rough, smart, rapid rub from the outside applies the sheet everywhere. takes but two minutes, or less. the sheet, let the patient lie down on a lounge upon a blanket, wrap her in it, dry thoroughly and roughly with coarse towels placed at hand. Wrap in a dry Remove ice wrap; dry hair; put on night-dress. Bed, the feet covered with a flannel wrap.

If all this seems to you as you read it too absurdly minute, I shall feel some regret. Yet believe me, it is worth the trouble, and the drip sheet is a remedy past praise If it fail, a pack may succeed; but this is more familiar to you. I doubt if the use of the drip-sheet is as

well known.

Since rest treatment has taken its place in medicine I, and others, have extended its use. In the treatment of chronic alcoholism, rest in bed for a few weeks has obvious value, and, combined with skim-milk diet and massage, is often of use.

In all forms of neuritis, local or gen-

eral, rest is essential, and in alcoholic neuritis, rest, massage, milk diet, and the use every three to six hours of what I may call cold and heat alternates, will often triumph rapidly. This use of cold and heat is effected by putting the feet and hands in iced or very cold water a few minutes, and then applying in turn to each extremity the greatest heat endurable by mopping with soft towels dipped in nearly boiling water. The limb is then replaced in the cold water, and after three or more alternate uses of heat and cold is taken out, warmed well and left dry.

Obstinate cases of cholera are best treated by rest, absence of friends and of all excitement, massage, and, of

course, arsenic, or what not.

Again, I treat all grave cases of morphia habit by absolute rest in bed. This alone has easily-seen advantages. If the case be a very bad one, before I take away the drug I like to use for a time massage, very large doses of bromides. and to train the stomach, which is our worst foe, to endure a diet of peptonized food, preferably milk. The subsequent chance of escape with moderate suffering is thus largely increased, and when we are free from the more immediate consequences of laying aside the opiate, we easily return to normal diet. common sense of all this must, I think, be clear to you, and some of what I have said is novel as well as useful.

My remarks in regard to neuritis lead me to say a few words about sciatica, which is nearly always some grade of neuritis. At least twenty years ago I began to treat such sciatica by local splint rest with from two to three weeks of local use of ice, if rest alone failed Although I have over and over called attention to these means, they have not so captured professional confidence as I could desire. Last year I wrote on them a lecture in the International Series, where it is, I fear, pretty well buried amidst some good and some poor, clinical lectures. As I have of late modified the treatment, and am sure from my own experience and that of Professor Osler, Dr. Sinkler and others, of its great value, I beg to ask you to consider it with me anew. In any obstinate sciatica, where I can exclude spinal cord disease, constitutional states, tumors, etc., I put my case in bed. Then I give cod-liver oil, iron at need, full diet, and milk between meals. A long flannel bandage is put on at once rather tightly from the foot to the groin, and renewed twice a day. At the side of the limb a long splint is secured by a few turns of bandage. The splint should reach from axilla to ankle, the knee being bent a little, the heel secured from pressure. The splint and bandage are kept in place from two to four weeks, night and day; once a day, when these are removed, the leg is slowly and very moderately flexed and extended. The treatment is in constant use at the Infirmary for Nervous Disease. If it

fails, it is usually because the malady is at first, or has become, spinal. rationale of its use is, I think, clear: 1. The flannel bandage lessens the blood in the leg. 2. It protects the whole skin surface from the excitation of contacts. 3. The enforced immobility makes all motion impossible, and so the two uses of the nerve cease. It is in splint, and we get physiological rest. Since I have used the bandage the cumbersome use of ice along the nerve track is less often required. At the close of the treatment, massage, used with extreme care, may hurry the recovery.—College and Clinical Record.

THE INDICATIONS FOR TRACHEOTOMY AND FOR INTUBATION.

By Herbert L. Burrell, M.D., Boston.

The operation of tracheotomy has stood the test of time, and has saved thousands of lives. Intubation, a comparatively recent operation, has been placed before the profession by Dr. O'Dwyer, and has unquestionably saved many lives. At first it was thought that intubation would supplant tracheotomy. The ease, simplicity and instant relief which is accorded a child with dyspnœa by a successful intubation, as compared with the difficult, bloody and exhausting operation of tracheotomy, led many observers to compare the two operations, and to conclude that intubation would supersede tracheotomy. A number of years have gone by; both operations have been tried, compared, and deductions drawn. It is the writer's belief that each operation is useful, but in a selected field. These fields have not been defined; but by a consideration of the clinical condition of each patient, the anatomical situation and pathological character of the obstruction to respiration, is it not possible to classify them? I shall present clinical types of dyspnœa from obstruction, as illustrating the provisional classification that I have used for the past four years. This classification is simply a step toward determining the specific value of each operation.

FIRST CLASS.

Every practitioner has heard the harsh

stridulous breathing of a croupy child. We all know the alarm that fills the household. We all know that most of these cases can be relieved by medical remedies; but if in doubt regarding the relief which can be gained by these medical measures, one need not hesitate to perform an intubation. The performance of an intubation in this class of cases may seem unnecessary, yet it is distinctly a case which, in the days of tracheotomy alone, filled the practitioner with many misgivings.

SECOND CLASS,

A child has been fretful and feverish for a few nights, has complained of a slight sore throat, and within the past few hours has talked hoarsely, but has had no real difficulty in breathing. finds a child in robust or indifferent health, pulse rapid, temperature elevated to between 100° and 103°, slightly perspiring and resenting interference. It is well known the amount of relief a child receives by improvising a canopy over the child's crib, and giving steam and suitable sedatives. If, however, this child is a long distance from medical aid, and is thereby deprived of the benefit of careful surgical watching, it is well known how at times the stridor increases with great rapidity, until the child is practically moribund before

skilled assistance can be secured. A skilfully performed intubation will place such a child out of danger, and will relieve both the parents and the practitioner of great anxiety. At the end of a few hours or days the tube can be removed, or is ejected, and the danger is passed.

THIRD CLASS,

A child with the foregoing history, but who, in addition, has distributed over the fauces and uvula, and frequently on the pharynx, a thin, firm, adherent, yellowish membrane. The child has been ill from three to five days, and the hoarseness and difficulty in breathing have been progressive. In this case it is well to try steam; but the length of time which the hoarseness has existed (three to five days), indicates that the membrane has probably extended below the cords, and in this case it is better to perform tracheotomy.

Where, with the above history, the membrane exists as a thin, pellucid film on one tonsil, and the child has been ill but forty-eight hours, intubation is

indicated.

FOURTH CLASS.

A young child has been complaining of lassitude, has been slightly feverish, and has lost appetite for several days. It complains of being extremely tired; pulse is rapid, not especially firm; temperature is between 100° and 101°; and the face is flushed. On examining the throat you find distributed irregularly a grayish film with well defined edges. The child has no laryngeal symptoms, and simply requires active medicinal and local treatment. If dyspnœa ensues early in the disease (within forty-eight hours), intubation should be performed. If the difficulty in breathing comes on late in the disease, especially if the edges of the membrane are not welldefined, or where there is great enlargement of the cervical glands, tracheotomy is indicated.

FIFTH CLASS.

A robust child in seemingly perfect health has a sharp attack of vomiting and pehaps a chill. The child is extremely feverish, restless and complains of slight sore throat. A slight redness on the fauces is all that is noticed. On

the second day there appears in the fauces, membrane of a leathery consistency, grayish and sloughing, with marked enlargement of the cervical glands. The child has become pale and pinched, the pulse is small, temperature quite high, and possibly there is diarrhœa. The nares are frequently filled with grayish membrane, and there is a sickening odor about the child. There is quickened respiration, slight stridor, but there is only slight retraction of the epigastrium and intercostal spaces. We all know how powerless we are to meet this condition. It makes but very little difference whether tracheotomy or intubation are performed; they can simply relieve temporarily: Of the two opera-tions, where they are performed for euthanasia, I prefer tracheotomy, for it enables the operator to more thoroughly clear the membrane from the trachea.

SIXTH CLASS,

(Edema of the glottis from steam or fire is per se a condition indicating intubation. The scarification of the epiglottis is, of course, attended by marked relief; but where the patient is to be left for any length of time without skilled assistance, intubation is a valuable resource.

The lodgment of foreign bodies in the larynx or trachea indicates tracheotomy. Where pressure upon the recurrent laryngeal nerve exists, it is a question which

operation is demanded.

These six classes of cases are distinct in the writer's mind; and the division, while necessarily arbitrary, must be controlled by each individual case. Each patient with dyspnœa should be approached in an inquiring spirit as to the causation. It is absurd to do an intubation upon a child whose trachea and bronchi are lined with membrane. It is also unnecessary to perform a tracheotomy where the membrane simply covers one tonsil, and has slightly encroached upon the epiglottis. In a general way, the younger the patient, intubation is more frequently indicated, from the fact that the larynx is relatively smaller under three years of age; in a general way, when the membrane is below the vocal cords, tracheotomy is indicated.

We can undoubtedly nourish better after tracheotomy than in intubation,

although by means of blancmange, icecream, bananas and cream, bread-pudding, pulp of orange, jellies, soft-boiled eggs, beef-peptonoid, jelly and nutrient enemata, the nutrition of an intubed child can be well kept up. Children differ in their adaptability to feeding after intubation. They will take sherry champagne, taragona, milk-shake and brandy. After tracheotomy, on the other hand, there is occasionally difficulty in feeding, but, of course, in each instance resort may be had to the use of a feeding tube.

Indications for Tracheolomy: Dyspnea, caused by pressure from new growths, enlarged glands, cellulitis of the neck, pressure on the recurrent laryngeal nerve (?), foreign bodies in the larynx or trachea; where new growths, fractures of the larynx or trachea (?) or where membrane (either diphtheritic or fibrous) has extended well below the vocal

cords.

Indications for Intubation: In the early stages of croupy children; in the cases of diphtheria where the membrane is principally in the fauces; in cases of dyspnœa in children dying of diphtheria,

where the parents will not consent to a tracheotomy.

It may be noted that the writer has carefully avoided any reference to statistics in the two operations. The conditions under which the operations are, have been, and will be performed, are so essentially different that such a comparison is, from my point of view, useless. Each operation has its field, and that in the hands of the general practitioner. It, of course, is always better if an operation can be performed by an expert.

The classification which I have given may be modified by further experience, but is submitted for criticism to the profession as a step in the direction of defining the indications for these two

most valuable operations.

Every general practitioner should be able to perform both operations. They are each life-saving measures. They both require accurate anatomical knowledge—intubation requiring greater manual training and dexterity than tracheotomy. They should be applied in selected cases.—Boston Medical and Surgical Journal.

APPENDICITIS.

By Robert T. Morris, A.M., M.D., New York.

A Clinical Lecture at the New York Post-Graduate Medical School, February 11th, 1893.

GENTLEMEN:—"How many appendicitis patients have you in there?" I asked, when driving by a grave-yard in company with a physician, one day last week. "Two of my own and four that were seen in consultation," said he. "I was just counting them up when you spoke, and I feel that none of them would be there if they could have had timely operations."

If the grave-stone of every appendicitis patient who need not have died were to give out a light, every cemetery in the land would shine at night.

Before removing the appendices from our two patients this afternoon, I will show two fresh specimens which illustrate widely different types of the disease. This first wicked looking specimen I removed on Tuesday from a patient who was in the eleventh day of an acute general peritoritis. The patient then was moribund. To-day he is recovering. There is always a question as to the policy of operating upon such patients, but acumulative experience enables us to attack cheerfully the most vicious of cases.

Up to the year 1890, we lost a good many appendicitis patients after operation, but from the vast mass of recent data we have deduced a few apparently triding changes in technique that give our patients chances for life; changing the whole outlook of these operations, just as ideas about peritoneal operations

in general underwent a transformation a very short time ago.

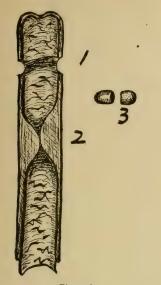


Figure 1.

Longitudinally split appendix. Perforated by concrements. Gangrenous.

1. Point of exit of fecal bullets.

2. Old stricture occluding lumen.
3. Hard dry fecal bullets.

Again let us look at this dark and ragged specimen which has been slit along the free border to show the interior. A stricture at its middle occludes the lumen.

The stricture is a hieroglyphic in high relief, and we can read it. It says that the patient once upon a time had appendicitis, that a bit of mucous membrane was murdered and cast out into the bowel, and that the resulting ulcer filled the gap with a collar of connective tissue.

When the stricture contracted it entrapped two fecal bullets in the distal half of the lumen and left the appendix loaded. Last week the bullets went through the wall and shot the patient.

The physician who asked me to see the case was doubtful about its being one of appendicitis, because there was no particular pain at McBurney's point and because there was no dullness on

percussion in the right inguinal region. Nevertheless, he remembered my earnestness in insisting that acute peritonitis in adult males and in children of both sexes was a fire-alarm calling the surgeon to come quickly and put out the appendix. The reason why there was no particularly tender spot and no inguinal dullness was because the abdomen was tense and shiny with acute general peritonitis, and because one of the abscess cavities in the inguinal region was stretched with hissing, stinking gas. How did we find it out? We looked! When I had placed the patient in Trendelenburg's position, and had evacuated a large amount of pus and gas, one of the consultants thought we had done enough. After sterilizing the abscess cavity with peroxide of hydrogen, medicinal, I proceeded to separate all adhesions, and finally came to a large secondary cesspool of pus, containing the riddled gangrenous appendix.

Now the patient can live.

Don't forget what happened after it was thought advisable to rest content with draining the first abscess,

A practical point in the after-treatment of these cases of peritonitis is this; the digestive apparatus is paralyzed so that food ferments instead of digesting, and that means the production of inflating gas and dangerous toxic substances. The patients need predigested food, and in these cases papoid is better than pepsin, because it is in itself clean and carries with it so few of the microbes of fermentation and putrefaction which abound in pepsins.

A word, too, about opium. I am almost done with opium of any form in peritonitis of any sort. Mr. Tait, I believe, says that he has banished it from his pharmacopæia altogether.

My two definitions for opium in peri-

tonitis are these:

1. A drug which stupefies the physician who gives it more than it does the patient who takes it.

2. A drug which greatly relieves the distress of the physician who without it would be compelled to do something rational for the patient who has put confidence in him.

Opium and peritonitis breed a vampire which lulls the patient to sweet repose while his life is being sucked out, and the doctor is looking the other way Remove the cause for peritonitis when you can. Remove the products of peritonitis when you can do nothing better. Avoid as carefully as possible the teachings of our honored preceptors who did the best they could in the days when symptoms were treated and not prevented.

An abdomen swollen with peritonitis looks to me like a great big ripe boil and needing the treatment that boils usually

receive.

Here is the second appendix. It is apparently normal, as you observe, excepting at the tip, where it is rough and clubbed. I removed it last Thursday from a young man who three weeks ago was laid up for a week with colic and vomiting, associated with swelling and tenderness in the right inguinal region. He found that "something pulled" whenever he made exertion, and the tender spot remained. The roughness at the tip shows where adhesions fixed the tip of the appendix to parietal peritoneum, and that is what caused the pulling and the tenderness. His appendix is what I call a "growler."

The first patient for to-day's clinic is ady. The history is briefly this: Shortly after child-birth, fifteen years ago, agonizing colic, bilious vomiting, rigors, febrile reaction, a lump in the right inguinal region. Acute attacks have recurred several times and of late years the lump has been permanent. Intestinal obstruction has lately become a serious feature of the case. My analysis of her symptoms is this: At childbirth a foreign body in the appendix was compressed until it injured the mucous tube and excited a choking catarrh there. The colic means that the intestine was trying its muscle on disagreeable company, which needed to be forced away. This colic is sometimes awful, and always unnecessary, if the surgeon is near. Bilious vomiting means that absorbed septic matter was being excreted by the liver, and the ptomaine bearing bile on reaching the duodenum mischievously reversed the lever of the duodenum and flooded the stomach with bile. A reversed peristalsis caused by certain irritants is familiar to some of you as a laboratory experiment. The rigors and the febrile reaction meant that microbe products were poisoning sympathetic nerve centres. The inguinal lump indicated that local peritonitis had welded several structures together in order to protect the peritoneal cavity against the company that the intestine was trying to rid itself of. The intestinal obstruction means that adhesions have contracted.

The peritoneal exudates made a lymph cake. Sometimes this lymph cake is a simple pound-cake, that the peritoneum digests as soon as the appendix has been temporarily appeased. Sometimes it is a cream cake, and the pus, if not absorbed, finds its way into a large vein or into the ureter or into the bladder, or somewhere where no reputable surgeon would think of making an opening. Nature tries to do some surgical work, but she is a good deal more of a success at making lilies.

Then, again, we are never sure whether nature prefers to save the patient or to encourage a particularly fine bed of microbes. It is a pretty conceit for us to assume that she cares more for one specimen of homo sapiens than for a whole lot of streptococcus pyogenes aureus. presence of a lymph cake in the vicinity of an appendix vermiformis is the piteous signal of the peritoneum for help, and the sympathetic surgeon must respond instantly, bearing in his hand the little wand that will vanquish the witch. A diseased appendix which is not walled in with lymph cake needs equally prompt attention by the surgeon.

Under procrastinating medical treatment by the good physician, a sufly appendix may often be coaxed back into its hole where it mutters and sulks and prepares for another spring at the

patient

Our patient is now placed in Trendelenburg's posture. The reason for that is because we do not want to play a jack-in-the-box game with intestines, but prefer to attend strictly to business. Another reason is because we wish to have pus run out instead of running in. Another reason is because one look at the involved parts is better than two feels and four guesses. The site of the appendix is exposed through the customary lateral incision. The lump is found to consist of a heterogeneous mass of omentum, mesentery and ileocæcal intestine, all firmly welded together. When the bass are biting fast and my line gets into this kind of a snarl, I cut out the whole snarl at once and throw it away. I believe that we must do that in some of these old appendicitis cases with intestinal obstruction, but I have succeeded in undoing so many similar snarls that we will try it once more. Guided by the small granular lumps of fat, we separate the adhesive omentum. That is very easy. Guided by the direction of the bloodvessels, we separate the adhesions of the mesentery. That requires sharp eyes, for the bowel, as usual, rolled itself up in mesentery when it first became frightened. Guided by the direction of muscular tissue, we slowly work the ileum free. Here comes a sudden burst of pus, which runs out upon the abdomen because of the Trendelenburg position. The abscess cavity is irrigated with peroxide of hydrogen. That is done because the peroxide is a searching * sterilizer, and it throws pus and debris out of nooks and crannies. It is easy to observe that the appendix has practically gone into solution in the abscess cavity, and here I find a piece of applecore encrusted with phosphates that has caused all of the trouble. The cæcum has disappeared. It was drawn up by adhesions, strangled, and forced to join the abscess. There is no ileo-cæcal valve, but in its place a rigid, narrow, tortuous channel, about five inches in length.

Gaze upon this wreck of vitals, progressively by successive attacks of appendicitis, and then consider the responsibility of the physician who in appendicitis cases advises the patients to wait. How easy and safe an early operation in this case! How desperate the operation now! I ought to resect the intestine right here, but the patient has been absorbing pus for several months, so I will make a fecal fistula to relieve the ileum, and resect the intestine a month later. The shock we will treat with nitrate of amyl to the nose at first, and then hypodermatic injections of nitro-glycerine and strychnine, together with the routine resources of hot bottles, hot rectal injections and elevation of the feet.

Our next patient is the genial Dr. Robert Kennedy, of proteinol fame, whom most of you know. Judging from his appearance, he has never lived upon anything more artificial than a thick, tender porter-house steak. His appendix must come out, however, and we

shall give him his own proteinol for the next week, because a food of that type will furnish the best of nourishment during the early days of convalescence. Two years ago, after exposure to cold sea winds, the Doctor was suddenly attacked with colic and abdominal cramps, but at the end of a week was practically well again. Eight months ago he was again attacked in the same way, but with added symptoms of rigors and vomiting, together with pain and tenderness in the right inguinal region. After subsidence of the acute symptoms there remained a persistent feeling that something was wrong with the appendix. He was constantly inclined to press with his hand over the region of the appendix, and found discomfort in certain positions when sitting. That is a pretty good history of early catarrhal appendicitis.

After his history had been taken, our conversation was something like this:

Q. Well! What do you advise me to do about it?

A. That depends. If you are always where good medical attendance is within easy reach, it would be as well to pay no particular attention to the appendix at present.

Q. But I travel a great deal, and am liable to be caught with an acute exacerbation at any time and place, am I not?

A. Certainly!

Q. Is the next attack likely to be more severe or more mild than the last one?

A. No one can possibly predict.

Q. Is sloughing or perforation as likely to occur in the third attack as in the tenth one?

A. Surely!

Q. Can I recover completely and have no further trouble without an operation?

A. Yes.

O. Am I likely to?

A. No

Q. What are the dangers of an operation now?

A. I have never been anxious for my patient, no matter what the complications were, excepting in desperate cases with pus and septicæmia to deal with at the time of operation; when these two features were absent the technique which buries the stump of the appendix and which ensures against ventral hernia later, has given me perfect ease and

comfort in a responsible position, and the patients have made uninteresting recoveries.

Q. The greatest danger from the surgeon, then, is when there is greatest danger from the disease?

A. A la bonne heure!
Q. Well, I like the opposite combination better! If by having my appendix out now, I can escape the everpresent dread of recurrent attacks, and can save the time lost in attending to mild attacks; if you do not now dread the operation, and if you will dread it when I am in danger from the disease, why is it not good pusiness judgment to decide that the appendix should come out?

That is for you to say. I am at your service.

Q. When will you take it out?

A. On Saturday, 4:30, p. m., if you. are willing to go before my class at the Fost-Graduate Medical School. The matriculates have shown unusual interest in my appendicitis cases there.

Final. All right! Glad to give them points! I'll be there!

And here he is. A man in fine health, suffering only a little discomfort, deciding to have his catarrhal appendix removed as a plain matter of forethought

and discretion.

The patient being placed in Trendelenburg's position, my incision is made over the normal site of the appendix. This incision is about two and a half inches long, through skin and muscle, and about one and one-quarter inches long through transversalis fascia and peritoneum. Intestine presents; I see by the longitudinal bands that it is colon. Passing through the fingers in a direction which will put the cæcal peritoneum upon the stretch, we soon come to a halt. The appendix must be very near. Here is its base presenting in the wound. I pull the appendix out through the opening. It is about five inches long, hard and congested. While an assistant holds it with forceps, the mesentery of the appendix is ligated with catgut and divided, the peritoneal and muscular coats of the appendix are clipped through at the cæcal junction. The mucous tube is ligated well down into the cæcal mucous membrane with the finest of eye-silk. The peritoneum of the cæcum about the base of the ap pendix is scarified with the point of a needle until pink serum exudes, and those of us who are accustomed to experimental abdominal work in the lower animals, realize that this is one of the most important points in the technique, and must never be neglected in cases like this one. The mucous tube is snapped away, leaving a trifling stump. Four Lembert sutures of catgut bury the stump. If the silk ligature and its tiny stump must escape for any reason, they would go into the lumen of the bowel. The relative position of structures after this method of suturing is shown in Figure 2.



Figure 2

The method of ligating, which is apt to leave an Esquimaux window at the site of the appendix, is illustrated in Figure 3, and I should have no confidence in such a scar.



Figure 3.

In closing the wound of the abdominal wall, peritoneum and transversalis fascia are sutured with one tier of catgut, Muscles receive a second tier of catgut sutures. Superficial fascia is separately united with another tier, and skin and fat are honored with a fourth tier. This patient now will not have a ventral

Let us examine the specimen removed. As I slit it along the free border you will observe that the mucous membrane hastily bulges out. It is what I call a "pop-corn" appendix, and on comparing it with the normal portion of this other appendix the reason for the name is apparent.



Figure 4.

Transverse section of longitudinally split appendix. Nearly normal.

1. Mucous membrane bulging a little.
2. Submucous tissue not thicker than the combined muscular and peritoneal coats.

3. Muscular and peritoneal coats.

The condition shown in Figure 5 is, I think, characteristic of catarrh of the appendix. The elastic mucous tube apparently swells within the outer tight



Figure 5.

Transverse section of longitudinally split appendix Catarrhal. A "pop-corn" appendix.

1. Mucous membrane bulging prominently.
2. Subcutaneous tissue about seven times thicker than the combined muscular and peritoneal coats.

3. Combined muscular and peritoneal coats.

tube until the crowding cuts off circulation, and then little or big sloughs of mucous membrane occur. These either decompose and escape into the bowel, leaving an ulcer, or they escape bodily through the wall of the appendix, leaving a perforation. That, I think, is a pretty good history of appendicitis, no matter whether the choking catarrh was excited by exposure, or by foreign bodies, or by local tuberculosis, or by amœbæ coli, or by nematodes, or by typhoid fever, or by dysentery. So far as I can learn, authors have not noted the fact that patients sometimes depreciate rapidly in health without discoverable cause for a week or for several weeks before the first acute symptoms of appendicitis appear. The natural explanation is that they are absorbing products of the catarrhal inflammation at the appendix before the catarrh has swollen the mucous tube enough to make strangulation. It is sometimes asked how can I reconcile this theory and the condition of dropsy of the appendix, in which all structures are widely distended. My answer is: Slow, low grade inflammation, giving time for dilatation of all structures, and not associated with tonic muscular spasm of the muscular wall of the appendix, such as we would expect in acute catarrhal inflammation. The theory of causation of appendicitis, carried out to meet the common principal symptoms, is arranged thus:

Colic.—Simple vomiting. Right inguinal tenderness, choking of swollen mucous tube in tight muscular tube, which is made more rigid by tonic

muscular spasm,

Colic.—Bilious vomiting. Right inguinal tenderness. Formation of tiny or large mucous tube sloughs, and absorption of septic products from the decomposing sloughs.

Colic.—Bilious vomiting. Right inguinal lump. Oozing through or slow perforation of appendix wall by sloughs and other contents, met by lymph ex-

udate from peritoneum.

Colic.—Bilious vomiting. Collapse. Rapid perforation of appendix wall by sloughs and other contents, allowing no time for formation of protecting

lymph exudate.

The reason why the mucous tube is so hard pressed in the tight tube of peritoneum and muscle is because of the great round cell infiltration and serous distension. I will ask Dr. J. C. Smith to make a section of this catarrhal appendix in the pathological laboratory, and then

give us a photo micrograph.

It seems strange to me that the life insurance companies pay so little attention to a disease which daily claims its large quota of deaths. Patients who have recurrent appendicitis can at present take out heavy policies in anticipation of a fatal termination of the malady. The insurance companies will not always discover that a patient has appendicitis if the diagnosis which patients bring to the surgeon form any guide. I am keeping a record of diagnoses that were made for patients of mine who had typical appendicitis and the list up to the present time includes bilious colic, bilious peritonitis, gall-stones, typhoid fever, perityphlitis, cæcitis, la grippe, abscess of the abdominal wall, pyosalpinx, ovarian abscess and psoas abscess.

I wish the physicians who make the diagnosis of typhlitis, perityphlitis and iodopathic peritonitis could know how farcical such a diagnosis sounds to those of us who have frequent occasion to look and who find the cases to be appendicitis.

This subject of appendicitis, gentlemen, is very near to my heart. Friends of mine attacked in the prime of manhood are now gone forever, because their physicians waited to see if they would not get better without operation. When they were a little worse consultants were called in, and the consultants gave cheer and hope to the anxious families by describing similar cases of theirs which had made most excellent recovery. Finally, when my friends were dead, the physicians said: "There! those were the cases for early operation!"—New England Medical Monthly.

Society Reports.

PURULENT OPHTHALMIA.*

By Charles W. Kollock, M.D., Charleston, S. C.

This subject is old—is hackneyed and common, and probably devoid of interest to many, even in this small body, but it is my intention to force it upon you without an apology, to prove by figures that blindness is increasing faster than the population, and that this is due to carelessness on the part of physicians:

(1) by neglecting individual cases, and
(2) by neglecting the advocacy of preventive measures for stamping out a disease that renders blind more than one-tenth of the entire number of blind persons in the world.

In 1870 the population of the United States was, 38,558,371. The number of blind was, 20,320. In 1880 the population was, 50,155,783. The number of blind was, 48,928. The population had increased 30.09 per cent. in ten years, whereas blindness increased 140.78 per cent.

In a valuable paper read before the American Ophthalmological Society in 1887, by Dr. Lucien Howe, of Buffalo, N. Y., on the "Increase of Blindness in the United States," are the following

*Read before the South Carolina Medical, Association, April 19th, 1893.

suggestive points. Taking the average cost of supporting a blind person in different asylums, he estimated that for one it would be \$2,00 a week, or \$104 a year; clothing, \$28.00-total, \$132. But these persons are not producers, they do not earn what they would in health, and this must be added to the whole cost, Putting the lowest wages for a man at \$1.20 per day for each working day (and not one could make that), and the wages of a woman at 40 cents a day, the total yearly cost to a community for each man is \$504, and for each woman \$256. This, Dr. Howe calculates, amounted in 1880 to not less \$16,383,272, and if anything like the same increase had continued, would in 1887 have been considerably over \$25,ooo,ooo. While these figures are not strictly accurate, they most assuredly do not exaggerate the condition of affairs.

Having proved that blindness exists to an alarming extent, that it is on the increase, that between 1870 and 1880 it increased at a rate more than five times as great as that of the increase of the population, does it not behoove us to be up and stirring, to make laws relative to

the care and management of contagious eye diseases? As yet South Carolina has not been over-run by those vast hordes of foreigners who are daily flock. ing to our shores, but her time must come, her many and varied attractions must soon draw their attention. With these people come disease and lawlessness, and unless we are in a position to deal with them promptly and firmly from the outset, there will be many an unhappy day in store for us. Several States, and among them Maine and New York, have enacted laws relating to contagious eye diseases. That of Maine reads as follows:

"Section I. Should one or both eyes of an infant become reddened or infanted at any time within four weeks after its birth, it shall be the duty of the midwife, nurse or person having charge of said infant to report the condition of the eyes at once to some relegally qualified practitioner of medicine of the city, town or district in which the parents of the child reside."

"Section 2. Any failure to comply with the provision of this act shall be punishable by a fine not to exceed one hundred dollars, or imprisonment not to exceed six months, or both."

Purulent ophthalmia and granular conjunctivitis are the two most dangerous and contagious of eye diseases. The consideration of the former will be taken up in this paper.

All forms of ocular discharge were considered contagious by Von Graefe, and this is preëminently true of purulent or gonorrheeal ophthalmia. Among children, where its greatest ravages are made, it undoubtedly is transmitted during the passage through the parturient straits, and therefore our first efforts should be toward rendering these parts aseptic.

Most women have a catarrhal discharge from the vagina during the latter months of pregnancy, and when a woman is known to have gonorrhæa no efforts should be spared in endeavoring to bring

about a cure before delivery, but if this is impossible, then at frequent intervals during the first and second stages of labor the vaginal walls should be thoroughly cleansed with any aseptic solution. Even with these precautions we cannot expect to rout the gonococcus from the succulent rugæ of the vagina, which must be pushed out as the head descends and presses upon each portion in turn. In 1880 Credé began his famous preventive treatment of ophthalmia in newborn infants. After numerous experiments in cleansing the eyes immediately after birth with different preparations, all of which lessened the percentage of attacks, he finally decided upon the instillation of one or two drops of a two per cent, solution of nitrate of silver as being the most reliable of all. By this treatment in 1880 (seven months), 211 children, 1 case; in 1881, 400 children, 1 case; in 1882, 418 children, 2 cases; in 1883, 131 children, no case. The patient in 1880 was not disinfected.

Abegg used pure water immediately after birth, and among 2,266 births 66 had ophthalmia.

Hecker used a 1 per cent, solution of nitrate of silver, but found it was not strong enough, and the number of cases was not reduced.

Of 351 children who were born at Maternity Hospital, Blackwell's Island, in whose eyes the 2 per cent. solution of silver was used, not one had ophthalmia.

Königstein saw in Späth's clinic 1,092 children for whom no prophylactic measures were adopted, and there was blenorrhea in 4.76 per cent. and catarrh 1 14.5 per cent. Later in the same clinic 1,300 children were treated by Credé's method, and ½ per cent. had blenorrhea and 6 per cent. catarrh.

Bayer, in 1881, treated 361 children at the Stuttgart Lying-in Hospital by Credé's method without à single attack, while in 1880, of 354 not treated, there were 34 cases. At the Royal Lying-in Institute in Dresden, from October 1st, 1883, to July 10th, 1884, 1,002 children were born and all were treated by Credé's method, and not a single case of ophthalmia occurred

The value of Cred('s method can scarcely be questioned after having heard the above statistics, and if the physician is present when the child is born, it can be easily and thoroughly carried out, but among the poorer classes and especially the negroes of our own State, the presence of a physician at the bed-side during labor is the exception. However, something must be done to educate the lower classes in this most vital matter, and in no way can this be better accomplished than by enacting laws similar to those of New York Maine and other States, which make the mid-wife responsible for the reporting of these cases, and not until such action is taken can we look for any decrease in blindness from this cause.

Ophthalmia in the new-born begins at any time from a few hours after birth until the fourth or fifth day, and sometimes even later, but the later cases have usually been inoculated after birth. The cases which begin early are the most severe. The eyes first become reddened, soon a muco-purulent discharge commences, the lids swell rapidly and close the eyes, and the now purulent discharge wells forth whenever the lids are separated. The discharge re-forms rapidly, the eye is constantly bathed in pus, and unless carefully guarded the cornea soon softens and sloughs. Treatment must be active, constant and thorough. Ex treme cleanliness must be insisted upon. the eyes should be cleansed as often as is necessary for keeping the pus from collecting, and usually this will be from two to three times in every hour Pledgets of absorbent cotton, soaked in a saturated solution of boric acid, should be gently employed for removing the pus from the lids and orifice, and then

the same solution may be carefully thrown from a bulb syringe under the lids until all discharge has been washed away. Chlorine water has been highly recommended in these cases, and its antiseptic powers are certainly greater than any of the solutions of salicylic acid, carbolic acid, permanganate of potash and perchloride of mercury, that have been employed for these and similar cases. The instillation of a 2 per cent, solution of nitrate of silver twice a day is a necessary adjuvant. The solution acts better and finds its way more thoroughly (Andrews) into every portion of the cul-de-sac, when dropped in, rather than when applied with the brush or pledget of cotton.

Vaseline has been highly recommended by F. M. Wilson as a protective agent. He uses the white vaseline, and squeezes it from the artist's tubes under the lids. Between cleansings, the lids should be kept covered with pieces of cotton saturated with ice-water. It is rarely necessary to vary this treatment, except in unusually severe cases the solution of silver may be increased in strength to 5 or 10 per cent. These solutions should be applied to the lids alone and immediately neutralized by a solution of salt.

Haziness, or any sign of corneal affection, indicates the necessity for employment of atropine, which allays pain and helps to cure by quieting irritation and preventing iritis. When ulceration extends, in spite of the above treatment, it has been advised to resort to the actual cautery, and several cases are reported to have been saved by this treatment. Division of the outer canthi has been tried with benefit where the pressure on the cornea was great, and by some the upper lid has been divided vertically and the flaps laid back until the disease began to subside. The discharge may be effectually removed by syringing with a solution of peroxide of hydrogen, but whether cases so treated make quicker recoveries, is not known to the writer.

Finally, these cases should not only be seen once a day (and oftener, if necessary) by the physician, but should actually be cleansed and every portion of the eye critically examined by him in order that the slightest tendency toward corneal complication shall receive early recognition and special care. Night and day the same watchfulness should continue until, by a subsidence of all symptoms, it is known that danger has passed When possible, a nurse should be engaged

to attend only to the eyes, and all persons about the sick-room should be warned of the danger of contagion. Pledgets of cotton used in cooling and cleansing the eyes, must be burned immediately after having been used. If a mother has gonorrhea and the child has escaped, great care must be exercised in allowing the child to nurse. The nipples and mammæ should be thoroughly aseptisized, a clean cloth placed between the child's head and the clothing of the mother, and on no account should the child be allowed in bed with the mother except for feeding.

RICHMOND ACADEMY OF MEDICINE AND SURGERY—REGULAR MEETING, APRIL 11, 1893.

[By our Special Reporter.]

Dr. Hugh M. Taylor, President, in the chair.

Subject: ABDOMINAL DRAINAGE,

Dr. Stuart McGuire opened the discussion on Abdominal Drainage. He reported the case of K. W., of New Orleans, aged 52, mother of 11 children She came to him in February last, when he found her almost helpless, with a large abdominal tumor. Operated on her some time in March, removing a tumor weighing 77 pounds. An incision five inches long was made in median line, exposing the tumor, which was extensively adherent to the parietal peritoneum; separating these attachments with a steel sound, ten or twelve cysts were emptied with a trocar, the sac partially drawn out of abdomen, two or three omental adhesions ligated and pedicle transfixed with a double thread tied, cut and dropped into the cavity; peritoneum was flushed out with sterilized water, everything perfectly toileted, but no drainage-tube was used as every law of antisepsis had been observed. Time of operation, forty minutes.

Patient did well for a few hours, when she began to complain of pain. Temperature 101 2-5°. Salines were given, but rejected; enemata of salts, glycerine and water were given; also small doses of calomel, with no effect, however, and patient grew worse; thirty hours later, temperature 104 2-5°, pulse 140, belly distended and patient almost in collapse. The wound was then opened, when about a quart of bloody serum was discharged, belly flushed and patient began to improve at once; temperature fell 2° in the next hour; four weeks later she left the hospital a well woman.

Recognizing his mistake in not using a drainage-tube, he thought it best to make a closer study of when and how to use a tube. He thought the subject of drainage far from fixed as to any certain law—some surgeons claiming drainage in all cases, others stigmatizing it as a confession of imperfect operative work

or faulty technique, while a third, more conservative class, held that it should be used only in carefully selected cases.

The object of drainage is to remove fluid or debris from the abdominal cavity, relieving it from septic germ invasion. This can be accomplished in several ways—indirectly by saline purges, or directly by tube-wick or strips of gauze.

He seemed to think Tait's saline drainage possessed none of the dangers and disadvantages of the glass tube, if used as soon as there are any signs of septic trouble, and given in large doses frequently repeated; but preferred the glass tube first suggested by ______. of Strausburg, for simplicity and utility, not only carrying off all the fluid, but as a warning to any hemorrhage that might occur. It has its disadvantages, though, as it retards union and predisposes to hernia, favoring septic infection by admitting air; also it may cause sloughing of portions of gut, or loosen the ligatures, become fastened by adhesions, or have omentum insinuated into its perforations and become difficult to remove, and as it became plugged up in forty-eight hours, its use was ended. It should be used when peritonitis with effusion exists, when colloid or semi-solid matter has escaped, when the peritoneum has become sodden, infiltrated or thickened from inflammatory changes and incapable of rapid absorption, when coats of intestines and bladder are wounded and fistula is found, when cavity is contaminated by fecal matter, pus or other septic material.

He thought Price's modification of Kohnlic's the best tube in use—straight cylinder, four to six inches long, one-third to one-half inch in diameter, open at both ends, lower end with perforations, upper surrounded by a rim or collar. To pass it, use two fingers as guides, passing perforated end down to bottom of the *cul-de-sac*, collar resting at inferior angle of wound, seeing that

no loop of intestine is beneath the tube, and that the tube is not too long or too short to carry off all of the fluid. A rubber dam is placed over the rim of the tube and absorbent cotton over the mouth, then the four corners of the dam are brought together and pinned and dressing applied. The tube itself is not essentially a drain, as it cannot empty itself. To do this, use a small piece of gauze, or syringe, to whose nozzle attach a small piece of rubber tubing; tube should occasionally be elevated and twisted to prevent insinuation of omentum into the perforations, this to be aspirated every fifteen minutes; first have them every hour or hour and a half, until removed. The tube is not to be left more than forty-eight hours, then governed by amount and clearness of fluid.

He spoke of gauze and Morris' gauze and silk-wick—thought they did better service in deep abscesses, hemorrhage and oozing not controlled by ligatures. But in all these cases it acts as a compress rather than a drain, and becoming saturated, it becomes itself a source of infection, carrying off water and serum, but not the pus and blood.

He concluded by saying that in simple cases purgation is indicated. When complications indicate direct drainage, use the glass tube; when combined hæmatosis and drainage is required, or adhesions desired, use the gauze. In some cases, however, a combination of the different methods is advisable.

DISCUSSION.

Dr. Geo. Benjamin Johnston thought Dr. McGuire had covered the ground so thoroughly in his paper, that there was little left to say except to reiterate. It was to him a most difficult matter to say who to follow as to the best manner of abdominal drainage; for some surgeon's advocate drainage of every kind, while others confine themselves strictly to one

rule. It is no doubt often unnecessarily used, but in most cases the doctor thought the surgeon should decide for himself the manner most applicable to the case before him. In cases perfectly aseptic, where there is no fear of contamination, drainage may be omitted. It is his rule in general practice to drain in all doubtful cases, and when properly used it is a means of saving many lives. He preferred the glass tube-one that best fits the case-letting it run to the bottom of Douglas' pouch, and he did not trust to gauge to carry off the debris: used a syringe to withdraw the pus and fluid. He enjoined a special caution upon the use of the syringe, but if kept in antiseptic glass jar, there was little danger of introducing septic material when used. Occasionally, half turn the tube to prevent adhesion. The length of time for the tube to remain depends upon the nature of the case, but always keep it in situ as long as fluid escapes and he did not think at this age the probable resultant hernia any excuse for removing the tube too early. He did not use gauze or wick except in special cases.

The following cases were reported:

Dr. Charles M. Shields exhibited the specimen of a glioma of the retina removed the day before, which he thought would be of interest, as it now comes under the head of possible operative measures, whilst heretofore it has been looked upon as almost hopeless. The specimen was removed from a child six years old. One year before the mother had noticed white spots in the pupil and eye enlaged; six months later, the eye protruded very much and the attending physician diagnosed inflammation of cellular tissue and gave favorable prognosis. But the eye grew worse and continued to enlarge until the patient was brought to the doctor a few days before the operation, when the swelling was so

great as to produce strangulation and ulceration of cornea. In operating the tissue was dissected back and as much of nerve taken out as possible, close down to the foramen, and cavity washed out with chlorinated zinc, 1 part, liquor althro, 2 parts, and packed with gauze. The doctor thought this not a very infrequent trouble in children, had seen it in both eyes in a child one year old, and if operated upon early, they generally do well, but if put off, they frequently recur in other parts of the body, i. e., in the liver. The specimen exhibited was very hard, enveloping the entire eye-a true glioma.

Dr. Geo. Benj. Johnston exhibited specimens of ovaries and tubes removed the day before.

Case 1.—Lady, æt. 38; married fourteen years; sterile; catamenia regular, but accompanied with a good deal of pain in ovaries; violent dyspepsia. The year before he had treated her for endometritis, and relieved her. Later on her symptoms became more grave, ovaries very tender and painful. He operated April 10, 1893, found both ovaries under grave cystic degeneration, and left tube so much inflamed, that in spots it looked as if it would rupture.

Case 2.-Woman, æt, 18; health perfect; contracted gonorrhœa from her husband just before her second confinement. Three months after the birth of her second child she complained of severe pains about tubes and ovaries which continued so constant that the doctor operated a few weeks later. He found pyo-salpinx, ovaries very much inflamed and diseased, and in left side a very large cyst, tubes much bent upon themselves, tortuous and adherent, while the finbriated extremity of the right tube was almost obliterated. thought it a very rapid infection from gonorrhœal contamination, and advised a proper precaution in these cases.

Communications.

RALEIGH, N. C., Feb. 18, 1893.

Editors North Carolina Medical Journal:

I send you herewith a list of the resident physicians of North Carolina in 1822. It is taken from a little book now extremely rare, if not unique, in the possession of the North Carolina Historical Society at Chapel Hill. I thought it would prove interesting to many of the profession, and so I turn it over to you to publish, if you see fit. I enclose the title page of the "Register."

Yours truly,

K. P. BATTLE, Jr.

RESIDENT PHYSICIANS,

AS ENUMERATED IN

THE NORTH CAROLINA REGISTER AND UNITED STATES CALENDAR, for the Year of Our Lord 1823; Being the Forty-seventh of the Independence of the United States; Compiled from Authentic Documents, by the Rev. Colin McIver. The Astronomical Calculations by John Beasley. Raleigh: Printed by J. Gales & Son, 1822.

Anson County—John King, T. D. Parke, Wm. Mendenhall (?), C. Watkins, Ashe—None.

Beaufort—Hugh McCullaugh, David Telfair, John Elliotte, David Freeman, Wm. Magimpsey.

Bertie—John E. Wood, Joseph B. Outlaw, James Watton, James Jones, Edmund P. Godwin, Wm. R. Minor, ——Himstead, Wm. Henderson.

Bladen—Alexander McDowell, —— McLeod, R. L. Seawell.

Brunswick—Starling Everett, J. C. Cletheral.

Buncombe-Robert B. Vance.

Burke—Thos, Bowchell, Samuel Tate. Cabarrus—Charles Harris, Stanhope Harris, Wm. Houston, Tilman Davis.

Camden—Caleb B. Nash, Samuel Robinson, Phineas Sanburn, J. H. Ramsay.

Carteret—James Manney, James W. Hunt,

Caswell—John McAdam, John T. Garland, P. H. Thomas, Henry McAdam, John Comer, Isaac N. Jones, John L. Graves, Robert Thurman, Edward M. Foulkes, Willis Taylor, Jonathan Harrison, John Jones, Nathan Turner.

Chatham—Francis Farrell, William H. Strong, John Degraffinreidt, Thos. H. E. Degraffinreidt, Frederick Hill, J. H. Hawkins.

Chowan—James Norcom, M. E. Sawyer, J. C. Skinner, Edmund Harvey.

Columbus—A. Pierson.

Craven—Peter Custis, John T. Boyd, Wm. Boyd, Frederick Blount (?), Elias Hawes.

Cumberland—Benj. Robinson, Hiram Robinson, Edward McKay, Jas. Moffett, William Moffett, Edwin Degraffinreidt, Goodorum Davis, Kenneth Clark, Thos. N. Cameron.

Duplin—Thomas Hill, Stephen Graham, Wm. Frederick.

Edgecomb—Thomas H. Hall, John F. Ward, Benjamin B. Hunter, David Dancy, Benjamin Boykin, Henry Brownrigg, Richard Bell, Wm. H. Shollington, Jas. Philips.

Franklin—Willie Perry, Wm. Verell, Solomon Williams, Richard H. Fenner, James K. Goodloe, Louis C. Pender.

Gates—Richard B. Gregory, John B. Baker, John Gatling.

Granville—William V. Taylor, James Ridley, James Young, Benjamin Bullock, Henry Plummer, William Nailer, I. G. Watson.

Greene—Palmer Moseley, Jno. Dobson.

Guilford—Rev. D. Caldwell, Jas. Gibson, Antwell Baily, Geo. Swain, David Worth, Marmaduke Mendenhall, John Vanstory, —— McMillan.

Halifax—John T. Clanton, Landon Clanton, R. Wilson, John Morast, T. S. Brorrtrow, Isaac Edwards, Major Wilcox, Jesse N. Faulcon, Geo. N. Hisslow, G. Vaughn, John H. Purvington, B. Peterson, Wm. Taylor, Richard H. Dickson.

Hertford—Thos. O'Dwyer, Lawrence O'Bryan, Isaac Pipkin, Abington Brown, A. Bardwell, Lewis M. Jiggitts.

Hyde—Hugh Jones, Andrew Shenklin.
Iredell—Joseph Guy, — Franklin,
Asa Bea', — Osborn, — Templeton.
Jones—Alex. Sledge, Robert Dickson.
Johnston—John T. P. Yeargain, Wilie
N. White, R. H. Helme, S. C. McMillin.

Lenoir—Lewis G. Haywood, Abraham Croom, Jno. H. Parker, Chancy Graham, Lincoln—Wm, McLean, Jas. Birrings,

Wm. Johnson, --- Newland.

Martin—Jesse H. Jones, James Yellowly, John Crichlow.

Mecklenburg—Stephen Fox, James G. Porter, Robert McKenzie, David R. Dunlop, David Daw, Joseph McKnitt Alexander, Moses W. Alexander.

Montgomery—James W. Craig, John A. Wooley, James Marshall.

Moore—F. G. Henry, Kennith B. Mc-Iver.

Nash—Oliver Cushing, Asahel J. Knocelton, Lemuel Lewis, —— Pritchart, Isaac Sessums, Richard H. Archer, John Arrington, Athelston Anderson.

New Hanover—James F. McRee, Wm. J. Harris, Armand J. DeRosset, John Hill, Augustus Laland, George McMillan, James B. Larogue.

Onslow-William French, Daniel Duvall, Hugh Farrier, Harris Lumis.

Orange—John Umstead, Jas. Webb, James S. Smith, John A. Mebane, Wm Holt, Chas. Yancy, Hudson M. Cave Barnabus O'Farrell, Thomas Faddis, — Mitchell.

Pasquotank—Isaiah Sanstrum, Frederick Ford.

Person—Currie Barnett, Osborn Jeffreys.

Randolph—Phineas Nixon, Thomas Nixon, William Hannah, Frederick L. Henry, Joseph Wood. Richmond—Robert Thomas, R. D. Cole, J. P. Bishop, Angus Fairly, ——Woodson, John McLeod.

Robeson—Willis Pope, William Carloss, Patrick McAlpin.

Rockingham—Edward T. Broadnax, Geo. W. Jones, John Murry.

Rowan—John Beckwith, Stephen L. Ferrand, Isaac Burns, J. Bosweth, Jos. Hilliard, Robert Moore, Joseph Mengleburg.

Rutherford—John McIntyre, Charles Selraflin, Joseph Hamilton.

Sampson—— McKay, —— Strong. Stokes—Andrew Bowman, Frederick Shewman, Thomas Lacy, Robert W. Mosley, David Keel, Geo. Folger, Jeremy Parkhurst,

Surry—Geo, Kimbrough, Benj. Franklin, Alex. Williams, —— Hamilton.

Wake—James M. Henderson, A. S. H. Burges, Jeremiah Battle, Bazaleel Gillet, Sterling Wheaton, Calvin Jones, John Y. Young, Wm. K. Fenner, Jasper Gillet, Wm. H. Hunter.

Warren—Philip C. Pope, Stephen Davis, Wm. Broddie, Joseph Hawkins, John M. Walker, John P. Nicholson, Littleton W. Coleman, Thos. P. Jones, —— Delony, Robert Williams.

Washington — Julian Picöt, Francis Ward, Samuel Dudley, William Cokely. Wayne—Joseph Edwards, Lewis Bush. Wilkes—William W. Martin, Robert Church. Wends [65] 31: 225-226. \$\pi\$ 5, Met 1883-

ANTISEPTICS AT JOHNS HOP-KINS HOSPITAL.

MOUNT OLIVE, March 4, 1893.

Editors North Carolina Medical Journal:

The following are the antiseptic measures as observed at Johns Hopkins Hospital: Bichloride of mercury is no longer used, as it forms an albuminate with the tissues, and retards granulations. All dressings and bandages and clothing are sterilized, heat being the best agent to destroy germ life.

Before all operations, the hands and arms of the operator and his assistants are (1) washed with soap and warm sterilized water and thoroughly scrubbed with flesh and nail brushes; (2) the hands and arms are next washed with a saturated solution—1 to 16—potassium permanganate; (3) from the permanganate solution they are next washed in a solution of oxalic acid—1 to 8—dissolved in boiling water; (4) hands are now washed in warm sterilized water.

All instruments are sterilized in Arnold's Steam Sterilizer for twenty or thirty minutes, or in boiling 1 p. c. solution of sal soda for five minutes. Instruments during the operation are left standing in sterilized water. The assistant hands the operator (in Dr. Kelly's operating room) all instruments with gloved hands, the gloves being of thin rubber and having been in soda solution. The following antiseptic dressing is the one in constant use:

B.—Bismuth subiodide..... \(\frac{5}{5} \) i.
Acid, boracic, pulv..... \(\frac{5}{5} \) viij.
M. Sig. Apply plentifully.

The peritoneal cavity is thoroughly irrigated (3 litres) with sterilized salt solution (gr. xc to Oij) at a temperature of 110 or 112. In abdominal surgery, when a drain was required, Miculicz's was used. All operators and assistants are dressed in sterilized clothing, and all visitors are furnished sterilized dusters before entering the operating-room.

Very respectfully,

Julius A. Faison.

A MONSTROSITY.

CONOVER, N. C., April 12, 1893.

Editors North Carolina Medical Journal:
On April 8th, we were summoned to

attend Alice H., colored, and on arriving found her delivered of a "monstrosity,' a photograph of which we enclose.

The mother is about 18 years of age, unmarried, height 5 feet, and weighs 135 pounds. Her parents are black, and give no evidence of scrofula or constitutional disease. The mother of this "monstrosity" was treated for specific disease two years ago, but at the present time shows no traces of that disease. Some time thereafter, she became insane and was sent to the North Carolina Insane Asylum for treatment. After remaining there for six months, she was discharged as cured, and at the present time her mind seems perfectly sound.

The alleged father is said to be white, and, judging from the appearance of the "monstrosity," this would seem to be the case. The two children, which, being united together, make this "freak," are fully six inches in length, and both are males. They are united from the umbilical region to the angle of the inferior maxillary bone, having one neck and two well developed heads. There seems to be two alimentary canals, one to each child.

This "monstrosity" was born in Catawba county, North Carolina.

Very truly yours,
DRS. D. McD. Yount and
F. L. HERMAN.

[After consulting the authorities, and finding no parallel to this unique case, we decided to have the photograph of this "monstrosity" reproduced, in three different positions, for the benefit of the readers of the North Carolina Medical Journal, so that they might the more readily comprehend its anatomical relations.—Editors.]



MONSTROSITY BORN IN CATAWBA COUNTY, NORTH CAROLINA, APRIL 8TH, 1893. COPYRIGHT 1893, NORTH CAROLINA MEDICAL JOURNAL



Epitome of the Newer Remedies.

A READY-REFERENCE RECORD FOR THE BUSY PHYSICIAN.

In order that the general practitioner, without neglecting other important matters, may keep fully informed as to the science and art of modern therapeutics, the Editors purpose to consider briefly each month, under this caption, the most appropred new remedies.

caption, the most approved new remedies.

While acknowledging their indebtedness to various writers, their aim will be to omit all elaborate discussion, and to state concisely the bare essentials necessary to an accurate study and correct comprehension of the drugs named, especial attention being given to their therapeutic applications and the modes of their administration.

Upon request of physicians, any new drug that may be specified by them will be considered, or if further private information be desired concerning any one already named, it

will be furnished upon application.

Only ethical preparations will be con-

sidered.

PIPERAZIN.

This drug is obtained by the action of ammonia on bromide or chloride of ethylene.

Physical Properties.—It is an unstable crystalline body, having a melting point of about 220° F. The aqueous solution is alkaline, but practically tasteless.

Solubility.—It is exceedingly soluble in water.

Physiological Action.—The administration of this drug causes an increase in the amount of urea in the urine with a decrease in the uric acid, indicating that under its influence oxidation is more complete.

Therapeutic Uses.—Up to the present time, Piperazin is the best medicament known as a solvent for uric acid and urate concretions. It is used for the purpose of preventing the formation of renal and vesical calculi in the uric acid diathesis, and also in cases where the excess of uric acid in the urine tends to produce irritation of the bladder. It is, also, a most invaluable remedy in gout, rheumatic arthritis, and other similar affections.

Administration.—The dose is 15 grains in twenty-four hours. It is best given by dissolving this amount of the drug in one pint of water, and directing a wineglassful frequently during the day. Owing to its unstable character when exposed to the air, its attracting water and carbonic acid, the drug should be freshly mixed each day. Opinions: Squibb's Ephemeris states that it "has had an extended and almost uniformly successful year." Prof. Hare, however, up to the date of the issue of his last volume of Practical Therapeutics (1892) had "failed to obtain any results from the use of this drug."

LYSOL.

This substance is obtained from tar oils by boiling with alkalies and fats.

Physical Properties.—It appears as a brownish, clear, oily fluid, smelling somewhat like creasote.

Solubility.—It is soluble in water, alcohol, chloroform and glycerine.

Therapeutic Uses .- It is used as a general antiseptic in surgery and gynecology. Experiment shows it to be possessed of marked antiseptic power, and it is far less poisonous than carbolic acid. It renders the solution a little soapy, which causes the smaller instruments to be slippery, but otherwise there is no objection to it. The hands of the operator are made soft and flexible. The drug has been found of value in diseases of the skin, particularly in lupus. It is also used in diphtheria, and as a gargle for foul breaths. As an antiseptic, it is inferior to carbolic acid, but as a microbicide, it is superior and very cheap, hence it will be used largely in the prophylaxis and arrest of epidemics for disinfecting purposes.

Administration.—Lysol is used locally in solutions of the strength of from 3 to 5 per cent.—upon mucous membranes the solution should never be stronger than 2 per cent., otherwise they may be irritating or caustic.

SALOL

A compound of 60 parts of salicylic acid and 40 of carbolic acid.

Physical Properties.—The drug is a white, crystalline, tasteless powder, having a slight aromatic odor.

Solubility.—It is insoluble in water, but soluble in alcohol, ether, turpentine, sandalwood oil, copaiba balsam, and the fixed oils.

Physiological Action.—On mucous membranes, it acts as an irritant; on the nervous system, in medicinal doses, it exerts comparatively little effect, sometimes it causes a buzzing in the ears; on the circulation, it has rather a depressant effect; on the temperature, it acts as an antipyretic. It gives to the urine an olive-green tint, which, under long-continued use, becomes black-green.

Therapeutic Uses.—Anti-rheumatic, antiseptic and antipyretic. It has been largely used as a substitute for the salicylates in the treatment of rheumatism.

Internally.—In doses of from 5 to 30 grains, daily, it is preferable to salicylic acid in muscular rheumatic affections, because it is less irritating to the stomach. From the composition of the drug, as noted above, it is readily seen that it must not be exhibited in too large doses, for, in every hundred grains of

salol, there are forty grains of carbolic acid. It is also used in diseases of the urethra and bladder, such as gonorrhœa, cystitis and others, to produce asepsis of the urine. Its solubility in copaiba, etc., renders it especially useful in prescribing it with these remedies in certain diseases of the genito-urinary apparatus. It is of very great value, too, in functional disorder of the intestines, such as in cases of intestinal indigestion and fermentation, especially when diarrhæa is consequent, on account of its rendering the canal antiseptic, and thus removing the cause of the diarrhæa.

Externally.—Employed, like iodoform as an antiseptic powder, also in connection with aromatic tinctures as an antiseptic mouth-wash.

Administration.—It is best administered in capsules, or suspended in milk.

Contra-indications,—In all cases of renal inflammation of acute type.

PRESCRIPTIONS.

In cholera morbus:

₿.—	-Saloli			3 i
	Bismuth,	subnit	rat	3 ij
3.5	3.61			

M. Mist. cretæ...... 3 iij
Sig. Two teaspoonsful every 2 hours.

R.—Saloligr. lxxx
Ol. menth. pip Mij
Ol. rosæ
Tinct, lavand., co. 3 ij

M. Spirit., dil., q. s., ad 3 iij

S. Mouth-wash.

This is probably the best mouth wash in existence to-day for the preservation of the gums and teeth.

Practical Motes of Practice.

Cocaine, in the treatment of the morphine habit, should never be used hypodermically.

Tar Tablets, containing a grain of pure tar, make a convenient way of administering this practical, and often very beneficial, remedy in coughs.

Persistent Hiccough is often controlled and relieved by the vomiting produced by hypodermic injections of pilocarpine, the diaphragm being relaxed.

Bright's Disease, Semmola says, as a result of forty-two years experience, is best treated by milk. Milk is at the same time the typical food for this condition.

Pilocarpine, in doses of $\frac{1}{3}$ to $\frac{2}{3}$ of a grain daily, has given some brilliant results in the treatment of spasmodic croup. The above dosage is intended for a child beyond one year of age.

Padded Splints will often give great relief from pain in case of rheumatism; but care must be exercised that they are not kept on too long. As soon as the inflammation subsides, motion must be made.

Strophanthus has been employed recently in exophthalmic goitre with good results. The thyroid diminished as well as the exophthalmos. It must be exhibited in large doses, eight to ten drops thrice daily—in some cases, it has been carried as high as twenty or thirty drops.

In incontinence of urine in childhood, Dr. J. E. Powers recommends the use of collodion. The prepuce is drawn over the glands and collodion is smeared on by means of a camel's-hair pencil. In contracting it draws the edges of the

prepuce closely together, effectually sealing the passage. A patient after one lesson can apply it himself. A cure usually results in a couple of weeks.

Antifebrine, in five grain doses, is now much lauded for its virtues in epilepsy. We have witnessed one case that was notably improved by its use, after the usual bromide treatment had failed,

In dysentery, diarrhœa and similar complaints, especially in those cases of acute dysentery of typhoid character, Dr. E. W. Watson reports in *Therapeutic Gazette* very satisfactory, even wonderful, results from the employment of creolin. He uses exclusively large enemata of water containing creolin, one drachm to the pint, and for children one-half this strength. But one or two treatments are necessary, even in aggravated cases, which the writer reports in full.

The following are some recent suggestions in treatment—compiled from *The Universal Medical Journal:*

ACUTE CHOREA.

GENERAL TREATMENT. Rest in bed for 7-10 days, with isolation. Good nourishment; child to be fed by the nurse; Ext. of malt is valuable adjunct to diet. Wash whole body daily with soap and warm water, follow up by general massage for 20 minutes, combined with sweet almond oil inunction, Remove any source of nervous disturbance (constipation, worms, menstrual troubles etc.). Liquor arsenicalis best remedy for ordinary cases, given well diluted, after food, and gradually increased up to Mx-xij; especially useful in anæmic and badly nourished. In more chronic cases, give course of codliner-oil and malt.

SYMTOMATIC TREATMENT.

FOR ACUTE PROFOUND PROSTRA-TION. Give alcohol promptly in full doses, never less than 3 iij, often up to z vi, sometimes more, in course of 24 hours. Warm wet-sheet packs (repeated sufficiently often to excite free action of skin) and brisk aperient. Rectal feeding, if necessary. FOR CONSTIPATION. At first give dose of castor-oil; if constipation persist, give daily morning dose of confection of senna and sulphur (equal parts), or of brimstone and treacle, comp. liquorice-powder, cascara sagrada, or equal parts of glycerin and decoction of aloes for older patients.

FOR DELIRIUM. If from nervous exhaustion (loss of sleep), give good food, moderate supply of *alcohol*, and hypnotics. If from brain disorder (insanity, hysteria, etc.), same treatment as preceding. If result of auto-toxemia in connection with acute prostration, treatment of latter condition as above given.

FOR PARALYSIS. Local hypodermatic injections of *liq. strychniæ*, ¶j; faradism; massage.

FOR SLEEPLESSNESS. In mild cases, give hot sponge-bath at night, followed by cup of warm milk food containing small quantity of brandy Quiet, darkened room, ventilation, cool temperature, comfortable arrangement of bed and bedding. Potass, bromide with chloral hydrate, aa gr. x-xx. If concurrent rheumatism, full doses of sod. salicylat. instead of arsenic, and add laudanum, My-x to the chloral and bromide draught. If wild, maniacal excitement (insanity, hysteria) give hypodermatic injections of hyoscine hydrobromate. gr. 1-100, closely watched; chloral is not admissible if profound general prostration. Chloralamid or paraldehyde in some cases. Sulphonal useless by itself; may prolong effect

of a *chloral* draught when given 2 hours before, partially dissolved in brandy and hot water. *Chloral* also used in successive doses to keep patient asleep for several days to break up choreic habit; occasional intervals of waking for giving food.

CHRONIC CHOREA.

Massage, Swedish exercises, amusements, nutrition, personal hygiene of patient. (Alfred H. Carter, *Provincial Medical Journal*, February 1, 1893.)

CONSTIPATION, CHRONIC.

Dilatation of the sphincter ani Abdominal massage. Electricity to be applied by the physician. Patient should go to stool daily at same hour; correct errors in diet; exercise (out-door); dress warmly in winter; take glass of cold or warm water on rising in morning, or eat fruit at beginning of morning meal; make change in climate or occupation if necessary. (S. G. Gant, Medical Herald, March-April, 1893.)

ECLAMPSIA.

Inhalations of oxygen, regulating the quantity of gas given by the condition of the urine. If the only alteration is the presence of a small quantity of albumen, give 30 litres (quarts) during the 24 hours. If the amount of organic depuration is below the physiological standard, double or treble this amount is given. (Jaccoud, L'Union Médicale, February 9, 1893.)

FRACTURE.

Compound Comminuted, of Humerus. Freely pare edges of wound, irrigate with sublimate solution, and bring edges together with silk sutures; no drainage-tube. Cyanide dressings. Envelop limb in plaster of Paris. Not dressed for two weeks. Leave off splint at end of month. (Bidwell, Brit. Med. Jour., March 18, 1893.)

PERTUSSIS.

R. Beech-wood creasote (gr. iv); sulphonal (gr. iij); syr. tolu (\S v). M. Sig. Teaspoonful every two hours. (Almeida, Pharm. Post., No. 4, 1893.

PRURITUS VULVÆ.

R. Potass. bromidi, lupulini, aa (gr. xxx); hydrarg. chloridi mit (3 iis); ol. olivæ (5 j). M. Sig. For external use; shake well before using. (Meisel, Les Nouveaux Remèdes, February 24, 1893.)

PUERPERAL FEVER.

PROPHYLAXIS. Hands of attendant should be surgically clean, bed freed of all blood-staining, any fragments of membrane or placenta removed by careful syringing with sterilized water, with or without antiseptic drug in solution, especially if labor has been protracted. Repair at once any laceration of perinæum and dust with iodoform. Vaginal syringing daily; if suspected cervical laceration, much loss of blood, prolonged labor, dead child, or in unhealthy subjects.

TREATMENT. When septic fever has occurred, give mixture of ergot and iron. Rinse out vagina, flush uterus by means of flushing curette, aided by speculum and tenaculum forceps, and then leave iodoform suppository within the uterus. Insufflate pulv. ac. boracic and iodoform into upper vagina and on to the os, to be repeated, if necessary; in other cases simply continue vaginal syringing. (W. T. Clegg, Prov. Med. Journal, February 1, 1893.)

SELECTED FORMULÆ.

Prof. Hare gives the following formula for the use of quinine hypodermically:

B.—Quininæ hydrochlerat..gr. vij Glycerini, Aquæ destillat., aa.....mxxx

M. Sig. Warm the solution before using.

The following prescription is recommended in cases of pruritus vulvæ:

R.—Hydrarg, chlorid, corrosive......gr. ½
Acid, hydrocyanic dilu.,f 3 j
Aquæ amygdal, amaræ.,f ʒ j

M. Sig. Apply to itching parts.

FOR ANEMIA WITH CONSTIPATION:

B.—Extracti nucis vomicæ..gr. 4
Ferri sulphatis exsiccatæ.gr. j
Aloin..........gr. 4
Pulveris myrrhæ
Pulveris ipecacuanhæ, aa.gr. ss
Extracti gentianæ.....gr. ij

Misce et fiat pilula. Sig. To be taken every night.

FOR SORE THROAT:

The following is recommended in the treatment of sore throat:

B.—Cocainæ hydrochlorat.grs, viij
Acid.carbolici...... 3 i
Glycerinæ..........f 3 iv
Aquæ rosæ q. s., ad.....f ₹ xii

M. Sig. To be diluted with an equal quantity of water, and used alternately as a spray and gargle.—Med. Progress.

FOR CYSTITIS IN WOMEN:

B.—Citrate of potassium.... 3 ss Fl. ext. triticum repens, Tinct. belladonna, Fl. ex. buchu, aa... 3 ss Water, add to make 4 ounces.

M. Sig. A teaspoonful in a wineglassful of water three times a day.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., Editors and Proprietors. J. ALLISON HODGES, M.D.,

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Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the Journal.

Remittances should be made by P. O. Order, Draft or Registered Letter, payable to the

NORTH CAROLINA MEDICAL JOURNAL.
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Editorial.

THE ANNUAL MEETING OF THE SOUTH CAROLINA MEDICAL ASSOCIATION.

It was our pleasure to attend the recent meeting of the South Carolina Medical Association, held on April 19th and 20th at Sumter.

This privilege of visiting this charming city and noting its increasing evidences of growing thrift and prosperity, and at the same time of mingling with her hospitable citizens and the representative physicians congregated there, was greatly enjoyed by us.

Capt. W. R. Delgar, on behalf of the citizens of Sumter, made an address of welcome, which was responded to by the President of the Association, Dr. W. H. Nardin

The first day's proceedings consisted of reports of surgical cases by Dr. Manning Simons; of cases of abdominal section, by Dr. W. F. Strait; of cases from practice, by Dr. G. K. Dean, and a paper upon Purulent Ophthalmia, by Dr. C. W. Kollock.

In the evening, a masterly address was delivered by Dr. H. O. Marcy, of Boston, the annual orator of the Association upon "The Surgical Treatment of Hernia." The address was illustrated by pictures thrown against the wall with a powerful stereopticon, under the management of Prof. Savastano.

The morning hour of the second day was occupied by an address before the Confederate Survivors' Association of Surgeons by Col. James Armstrong, of Charleston. It was an earnest and patriotic speech, and was delivered with the speaker's inimitable grace and eloquence.

Following this, a most interesting and instructive report on the recent improvements in obstetrics was made by Dr P. G. De Saussure, Professor of Obstetrics and Gynecology in the South Carolina Medical College: then came many other interesting papers, among them, The Successful Transplantation of the Conjunctiva of a Rabbit to the Human Eye, Dr. F. L. Parker; Ophthalmia, by Dr. George Howe; Aphasia, Following Delivery, by Dr. A. A. Moore; Paralysis of the Fauces from Bulbar Disease, and Bilateral Paralysis of the Adductors, by Dr. Walter P. Porcher; Syphilitic Manifestations in the Eye and Throat, by Dr. E. F. Parker; and Hypertrophy of Faucial and Pharyngeal Tonsils, by Dr. W. J. Garner.

The special prize offered by Professor Joseph Price, of Philadelphia, for the best essay on "The History of Surgery in South Carolina," was unanimously awarded by the Committee to Dr. E. F. Parker, of Charleston. This essay was read before the Association, and its author was highly complimented upon the research and erudition displayed in its preparation.

A second prize, offered by Dr. H. O. Marcy, for the next best essay, was awarded to Dr. L. C. Stephens, of Blackville.

All of the papers presented at this meeting were of a high order of merit, and reflected much credit upon the profession of our sister State. Their preparation evinced much original research, and clearly demonstrated that the medical faculty belonging to this Association are in the fore-front of medical progress.

The following officers were elected for the ensuing year:

President, Dr. John L. Ancrum, of Charleston

First Vice President, Dr. James C. Willcox, of Darlington.

Second Vice President, Dr. A. J. China, of Sumter.

Third Vice President, Dr. Thomas P. McCoy, of Laurens.

Corresponding Secretary, Dr. M. P. Ravenel, of Charleston.

Recording Secretary, Dr. W. P. Porcher, of Charleston,

Treasurer, Dr. Charles M. Rees, of Charleston.

The Association adjourned to meet in Rock Hill on the fourth Wednesday in April, 1894.

It is almost needless for us to say that Sumter's hospitable physicians and citizens made the concluding event of the meeting its crowning one, so far as the social pleasures were concerned, for all will agree that the banquet was a most elegant and superb entertainment. If the Old North State, on that occasion, did not respond, both in sentiment and in spirit to the demands of the hour, the blame must rest where it rightly belongs upon the generous hosts and their excessive hospitality in dispensing lithiated tonics in too profuse an abundance.

The evening was a most enjoyable one, and will long be remembered as one of the most pleasant incidents of our visit to the Game Cock City.

THE MEDICAL PROFESSIONS OF NORTH AND SOUTH CAROLINA WILL NOW "SMILE" TOGETHER.

It is with great pride that the NORTH CAROLINA MEDICAL JOURNAL now makes the announcement that it was made the *official organ* of the South Carolina Medical Association, at its recent meeting in Sumter, by a unanimous vote of its members.

The profession in North Carolina, we are assured, will join with us in returning thanks to our distinguished confreres for this high compliment and renewed evidence of fraternal regard.

Allied together by so many bonds of friendship and loyalty in the past, this new evidence of a union of hearts and of hands and of minds in upbuilding and elevating our common profession in the South, will be hailed with great delight. As the Governor of South Carolina once said to the Governor of North Carolina: "Brothers, let us smile."

TREATMENT OF TYPHOID FEVER

Since the cause of typhoid fever has been demonstrated to be the bacillus described by Eberth and Klebs, and later by others, the attention of physicians have been directed to the remedies which possess antiseptic properties as being a rational method of treatment.

Chiefest in this class, and each of which has its enthusiastic advocates, are calomel, salol, nitrate of silver, sulphocarbolate of zinc, iodine and carbolic acid, oil of turpentine and chlorine water. With each of these different observers claim to have had excellent results.

Oil of turpentine has long held an important and a deserved place as a useful agent in the treatment of this disease, and probably no one has failed to note the prompt improvement from its employment in those cases where the tongue is brown and dry, where there is a tendency to sordes, and where the abdomen is markedly tympanitic. It is best given in emulsion, in doses of five to ten drops, or the white turpentine may be given in capsules two or three grains to the dose. The following formula makes a good emulsion:

B.—On of turpentine	OZ, SS.
Tragacanth	.dr. ss.
Syrup	
Water to make	
	, ,

To the oil of turpentine contained in a dry bottle, add the tragacanth and shake; add one fluid ounce of the water and agitate vigorously. Then add the syrup in portions, shaking after each addition, and finally, in portions, enough water to make four fluid ounces, shaking well after each addition.

In an article on Typhoid Fever, by Professor William Pepper, in An American Text-book of the Theory and Practice of Medicine, the author expresses his preference for nitrate of silver over all other antiseptics. It is best given in the following pill:

B.—Argenti nitratisgr. vj.
Ext. opii,
Ext. belladonnæ, aa gr. ij.
Mannæq. s.
M. et div. in pil. xxjv.

S. A pill 3 times a day soon after food,

Or, if the stomach is irritable, it may be given freely diluted—two grains to three or four ounces of water—a teaspoonful every four or six hours on an empty stomach. In administering the pill, if there is too much tendency to diarrhæa, the belladonna may be omitted and the opium increased; or, if the bowels are rather constipated, the opium may be omitted and one-sixth of a grain of extract nux vomica may be added to each pill.

Professor Yeo, in a lecture on the Antiseptic Treatment of Typhoid Fever, which appeared in the JOURNAL in full in the issue of June, 1891, claims most satisfactory results from the administration of chlorine water with small doses of quinine. His experience with it in a number of consecutive cases was always satisfactory, and he claims for the treatment the following facts:

- 1. A modification and sustained depression of the febrile temperature.
- 2. An abbreviation of the average course of the fever.
- 3. A remarkable maintenance of the physical strength and intellectual clearness of the patient, so that there has been far less need for stimulants.
- 4. A greater power of assimilating food.
- 5. A remarkable cleaning of the tongue.
- 6. A deodorization of the evacuations.
- 7. A more rapid and complete convalescence.

The chlorine gas is made as needed by the addition of forty minims of strong hydrochloric acid to thirty grains of chlorate of potash in a 12-ounce bottle, water being gradually added to fill the bottle, shaking well after each addition To this is added 24 to 30 grains of quinine and an ounce of syrup of orangepeel, and an ounce is administered every two, three or four hours, according to the severity of the case.

That the administration of antiseptics does materially influence the course of the disease, cannot be denied in the face of the affirmative reports of careful and trustworthy observers, which show a marked falling off in the death-rate as compared with that before the researches of the bacteriologist made clear the true nature of the disease.

But, while recognizing the importance of drug treatment, the fact remains that it is seldom that a case of typhoid fever fails to run its course as regards time. This leads us to the prominent position held by the dietary and hygienic treatment in the successful management of this malady. Probably in no other disease does a patient lie for so many days, as is sometimes the case with this, at the very brink of the grave, and then have the balance turned in his favor and be restored to health. And in this disease especially may it be said with truth that a good nurse and no physician is better than the best physician and an ignorant and careless nurse. If there be a better ventilated and more comfortable room in the house than that in which the patient is taken sick, he should be removed to it as soon as the nature of his disease is determined Every effort should be directed toward nourishing and sustaining the strength of the patient, so that he may be the better able to resist the disease and be in the best condition possible when conconvalescence commences, that his return to health may be the more rapid.

The question of feeding has been much discussed with the generally accepted conclusion that milk is the food par excellence for a typhoid fever patient, as being liquid, highly nutritious and furnishing a minimum amount of debris to irritate the diseased intestines. But there are instances when it is objectionable on account of the patient's aversion, its tendency to cause constipation, or the patient's inability to digest it in

sufficient quantity. When these objections cannot be met by scalding the milk, the addition of lime-water or barley-water, or by partial predigestion, it may be substituted, in part, or altogether, by whey, butter-milk, koumyss, or some of the many excellent prepared foods upon the market. If broths and meat teas are depended upon, it should be borne in mind that they are rather stimulants than foods, and they should be reinforced by some of the beef extracts or liquid peptonoids.

The question of stimulation by alcohol is a much vexed question, and one which deserves careful consideration at the hands of the profession. That there are cases in which no stimulation is indicated from first to last is evident and it is the routine administration of alcohol in just such cases that has led to the censure of the profession as being responsible for the intemperance of some of their patients. But there are other cases in which the administration of stimulants is absolutely necessary, and when such a case arises the conscientious physician will not allow his judgment to be swayed by prejudice or the fear of public criticism. There are cases in which alcohol is required, even in enormous quantities, to carry the patient through the crisis of his sickness; but it is a part of the treatment for which no set rules can be given. Each case must be a law unto itself, and the physician be guided by the condition of the pulse, which should be carefully watched.

On the introduction of the coal-tar derivatives, their power to reduce temperature in fever led to their excessive use in typhoid fever, but they were given too indiscriminately and in too large doses, so that they are losing favor, and are now, by some writers, considered out of place here. They are sometimes useful, however, in small doses, for the relief of nervous irritability. When used at all for the reduction of temperature,

it should only be when the pyrexia reaches 103° F., and then they should be given in only small doses, that will effect a reduction of one or one and a half degrees.

Since the remarkable results obtained by Brand with his cold bath treatment, the profession have been making more and more use of hydrotherapy, though but few have ventured to carry out Brand's method as vigorously as he advocates. Those who have used only the milder methods of applying water must have seen its beneficial effect in the reduction of the temperature and the alleviation of the distressing nervous symptoms. How often have we seen a patient who had been tossing about in his restlessness, wasting his own strength and, taxing the patience of his nurse, fall into a refreshing slumber after a simple sponge bath of cool water and vinegar! Brand has tabulated 1,223 cases treated with cold baths by himself and others, in which the mortality was only one per cent.; and while the general statistics under the bath treatment do not present so low a death rate, the fact remains that under no other method have such favorable results been obtained.

The reduction of temperature is not the only good effect of this method. Even in those cases in which the baths fail to reduce the temperature, their usefulness is seen in the general improvement of the patient's condition. The whole course of the disease is rendered milder, there is less restlessness and sleeplessness, so that convalescence is more rapid, and there seems to be less tendency to hæmorrhage, dangerous complications and relapses.

THE CAPE FEAR QUARANTINE STATION.

While there has been for some years a quarantine officer, in the person of Dr. W. G. Curtis, stationed at Southport,

formerly Smithville, there has been a quarantine station only in name. We are glad to note, however, that under the stimulus of a threatened invasion of our country by cholera, the last Legislature listened to the earnest appeal of the Quarantine Board and appropriated the sum of \$20,000 to be used in the erection of suitable wharves and buildings for separating and caring for the sick and well persons, upon infected vessels coming to this port, the city of Wilmington augmenting this amount by \$5,000.

The appropriation by the Legislature was made with the provision that it was to be used only when, in the opinion of the Governor and the State Board of Health, there should be imminent danger of the introduction of an epidemic disease.

At a recent conference of State health officers and quarantine physicians in the city of New York, a resolution was adopted setting forth the importance of having all ports of entry at once put in . a condition to properly care for any infected vessel that may seek entrance into this country. In view of this action and the fact that reports show a regular increase in the number of cases of cholera in Europe, the State Board of Health and the Governor have decided that the Cape Fear Quarantine should be made as efficient as possible, and have notified the Ouarantine Board that the appropriation is accessible at any time,

The Quarantine Board have selected a site for the station one mile and a quarter above the city of Southport, which is immediately at the mouth of the Cape Fear, and upon the opposite side of the river. Plans are in course of preparation, and, as soon as adopted, bids for building the station will be invited and the work rapidly pushed to completion.

This is a very important work and one in which the whole State is vitally interested, or should be; for, while the city of Wilmington is most directly concerned, she has five lines of railroad radiating into all sections of the State, and the admission of an epidemic disease into this city means also the dispersion of the disease into all parts of the State by her citizens in their efforts to escape from the pestilence.

We heartily approve the wisdom of the Legislature in making this appropriation, and congratulate the State upon this great step in the way of progress and in the protection of the lives of her citizens.

THE PAN-AMERICAN MEDICAL CONGRESS.

The Pan-American Medical Congress will meet in Washington, D. C., September 5, 6, 7, and 8, 1893. The President is William Pepper, M.D., Philadelphia, Pa.; Treasurer, A. M. Owen, M.D., Evansville, Ind.; Secretary General, Charles A. L. Reed, Cincinnati, O.

The work of the Congress will begin, in the various sections, September 5, and will close September 8, 1893.

In a communication from Dr. H. A. Hare, President of the Section on Therapeutics of the Pan-American Medical Congress, he desires us to state in these columns that it is the earnest desire of the officers of the Section on Therapeutics of the Pan American Medical Congress that both specialists and general practitioners should contribute articles to its proceedings.

Gentlemen who desire to read papers at this meeting should notify Dr. Hare at once of their intention, and should send him, by July 10th at the latest, an abstract of their paper, in order that it may be translated into the three official languages of the Congress and published in the programme. The importance of this Section and the interesting papers

which have already been promised, give assurance of a very successful meeting.

The Section on General Medicine, which is one of the most important that has been created, bids fair to be one of the most successful in the entire Congress; and already many valuable papers are in process of preparation, and will be read at the meeting.

It is especially requested that those intending to join the Section on General Medicine, or to read papers, shall at once send their names, with titles of papers, to the Secretary, Dr. Judson Daland, 319 South Eighteenth Street, Philadelphia.

SPECIAL PREMIUM OFFER.

The missing word in the April issue was "periodical," and was not supplied in any of the numerous answers we received.

We will offer to the first paid-up subscriber who supplies the correct missing word on page 239 of this issue, in the reading notice of Messrs. Renz & Henry, a copy of the *International Medical Annual* for 1893. To the next five we will mail a clinical thermometer, with lens front, gold-plate case and chain and certificate. To all who take the trouble to respond, whether answer be correct or not, will be sent a hard-rubber pen holder. Answers received on and after May 20th.

NORTH CAROLINA BOARD OF HEALTH.

The Governor has appointed the following named gentlemen as members of the State Board of Health, to serve two years: Dr. W. H. G. Lucas, of Bladen, to succeed Dr. J. H. Tucker, of Henderson; Prof. F. P. Venable, of Chapel Hill, to succeed himself; Mr. J. C. Chase, C. E., of Wilmington, to succeed Mr. J. L. Ludlow, of Winston.

Miscellaneous Items.

Under this head space will be given, free of cost, to those *paid-up* subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Dr. D. I. Watson has just been reelected to the Mayoralty of Southport.

We regret to announce the death of Dr. William Battle, of Lilesville, N. C. Dr. Battle was brother to Mr. Richard H. Battle, of Raleigh, and Dr. Kemp P. Battle, of Chapel Hill, N. C.

FOR SALE.—One Roberts & Allison Physician's Office Chair. 'Been used but very little. For terms and particulars apply to A. McKinnon, M.D.,

Chadbourn, N. C.

The Queen of Corea maintains a lady physician, who is accommodated with apartments in the royal palace, and receives a yearly salary of \$16,500. She is obliged to visit the Queen every day, and remain within call when her Majesty is indisposed.

Dr. Andrew H. Harriss, of this city, has just graduated at the Medico-Chirurgical College of Philadelphia, winning the first place and receiving honorable mention in all branches. Dr. Harriss passed his examination before the State Board in 1892.

There was quite an interesting trial at Thomasville a few days ago. A doctor, who seemed to be making some wonderful cures with electricity and charcoal, was indicted for practicing medicine without license. He was bound over to court, because it appeared in evidence that he had prescribed, or recommended, charcoal, and one witness testified that charcoal was a drug. So says the High Point Enterprise.

Dr. R. J. Brevard has been re-elected Mayor of the city of Charlotte.

In the graduating class of 179 members of the College of Physicians and Surgeons of Baltimore, the following are from North Carolina: Daniel G. Beckwith, William D. Bowen, Francis M. Clarke, James L. Doughton, Albert J. Eller, C. F. Griffin, David J. Hill, W. Lee Hill, C. Cushing Jackson, J. Loftin Kernodle, James W. Kornegay, Jesse F. McCracken, Charles B. NcNairy, Wm. B. Moore, W. James Moore, Thomas M. Riddick, Edgar E. Rollins, M. Eugene Street, Charles B. Walton, A. Miller Whisnant, Frank W. Whitehead, Charles T. Windley, Charles I. Wyche.

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S COLUMBIAN EXPOSI-TION.—The Congress of Medico-Climatology will convene in the Art Building in Chicago May 29th, continuing one week. A choice programme has been arranged, and many of the most noted climatologists have already promised to be present. This Congress promises to be one of the most interesting that will meet during the World's Fair Year. Thursday, June 1st, has been appointed a Field Day for the discussion of the causative and curative relations of Climates to Consumption. Reports from all parts of the world will be presented. All physicians are cordially invited to be present.

- J. A. Robinson, M.D.,
- T. C. DUNCAN, M.D., L. B. HAYMAN, M.D.,

Programme Committee,

Reading Motices.

INTERVIEW WITH A PROMINENT PHYSICIAN.

Q.—Doctor, what discoveries and improvements for the treatment of Syphilis have been made in the past two or three years?

A .- None.

Q.—None?

A.—No, I mean in the way of "new" remedies, but only in the way of our better knowledge of handling old and well-known remedies. For example, your Elixir Three Chlorides, R. & H., is a perfect chemical and therapeutic combination-one of the most potent agents in my hands known. Yet it contains no new drugs.

Q.—Do you administer Elixir Three Chlorides, R. & H., according to directions?

A.—Generally, yet I prescribe it in Q. S., i. e., ad libitum.

Q.—Have you ever developed toxic symptoms from either of the Arsenic or Mercury?

A.-Never.

Q.—Do you consider the dose as per combination and directions large enough to meet requirements and conform to your ideas of quantity?

A.—Singularly, No, but combined there is a mutually synergistic action—which is not only surprising, but convincing,

Q .- What do you think of Elixir Three Chlorides, R. & H., as a vehicle for Kali-Iodide, as a preventor of Coryza and Gastric disturbances?

A.-Will answer that question on fur-

ther trial.

Q.-What do you know of Elixir Three Chlorides, R. & H., as a general tonic in Anæmia, Chlorosis and that symptomatic trouble, Amenorrhœa?

A.—In these troubles it is worthy to be called a sheet-anchor. You are certainly right in speaking of Amenorrhœa

as a symptom, or symptomatic trouble.

Q.—Then I take it you do not approve of Specifics, so-called, or Emmenagogues?

A.—They are a delusion and a fraud.

Q.—Why so?

A .- Answer that question yourself. What is the most rational and sensible view to take of the Etiology of Amenorrhœa?

Q.-Well, if you put it in that way, I should say, first, we have an impoverished condition of the blood and an insufficient quantity; as a result a diminished blood-pressure and blood stimulus, and the function is thus suppressed, I might say, in protection of the patient.

A.-Exactly. Now let the Uterus and They have nothing to - alone. do with it, and direct your efforts to building up the blood, and through it tone up the nervous system, and the menstrual function will re-appear as a natural sequence, and amongst a few good things I know nothing better than your Elixir Three Chlorides, R. & H.

O.—Of what service do you find Elixir Three Chlorides in Dermatologi-

cal practice?

A.—Theoretically, it is a good combination, and practically, I have not been disappointed. I rely upon it as one of my standbys. The Iron and Calisaya Alkaloida are feeders and tonic, while the province of the Arsenic and the Mercury is to well known to require discussion.

Q.—On the whole, do you consider Elixir Three Chlorides, R. & H., a good standard preparation and worthy of the confidence of the profession?

A.—Most assuredly—Yes.

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. Robinson's Lime Juice and Pepsin, and Arom, Fluid Pepsin we can recommend as possessing merit of high order.

ARISTOL IN HEMORRHOIDS.—To establish a radical cure, all causes to be ascribed to a faulty diet, strong drinks or want of exercise, must first be removed. Then every morning and night, and in severe cases every three or four hours, about one ounce of cold water is injected into the rectum and allowed to remain as long as possible. Morning and night the following suppository is applied:

B.—Extracti opii.....grs. iij
Extracti belladonna..gr. j
Quinia muriat....grs. xxxvj
Ergotin.....grs. xxvij
Aristol.....zj
Olei theobron,
Ceræ albæ, aa q. s. et
fiant suppository. No. vi
Sig. One morning and night.

Immediately after each movement of the bowels, the following salve spread over the point of the index-finger is pushed up into the rectum for about one and a half inches, and some upward pressure is exerted by the external sphincter:

B.—Unguent zinci benzoat..zj
Balsam, Peruvian.....zj
Aristol......grs. xxx
M. Ft. unguent.
Sig. Externally.

While internally from one to two heaped teaspoonfuls, in plenty of water, are taken two or three times daily of the following powder:

B.—Sulphur, flor.,
Potass. bitartrat, aa....zij
M. Pt. pulvis, S.
——— Engle, Medical Summary.

DR. ALBERT RITTER VON CHRZAS-CZEWSKI, of Sambros, Galicia, Austria, on November 28th, 1892, writes: Bromidia is superior to all other hypnotics, and is free from all unpleasant effects.

Doing Always Better Work than Expected.—I have used Sanmetto, and I find it does all that is claimed for it. In all the cases in which I have used it I find Sanmetto has worked wonders, doing always better work than one would reasonably expect.

Elsie, Mich. A. B. WAY, M.D.

I find Peacock's Bromides of great service in Uterine Congestion. John Mather, L.F.P.S., Haddington, Laboratory, Haddington, Scotland.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization
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The Oxydising Agents-Iron and Manganese;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations;

and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

"A POTENT INCITANT"



Of the Nervous System. This is the term applied to Coca by a celebrated observer. Nervous Incitants and Excitants, however, invariably cause a secondary depressing effect, unless this is guarded against in some way. We have learned a lesson from you, Doctor; in the same way that you guard against the depressing

effect of morphine, by administering atropine in conjunction with it, so we, in the preparation of Liquid Peptonoids, with Coca, neutralize and prevent any possible secondary depressing effects of the Coca, by combining it with Liquid Peptonoids, which possesses nutritive and reconstructive power. The principal objection to the use of Coca is thereby nullified.

Liquid Peptonoids with Coca is extremely palatable, and is easily borne by delicate women and children.

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"ESSE QUAM VIDERI."

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Official Organ: South Carolina Medical Association.

ROBERT D. JEWETT, M. D.,

J. ALLISON HODGES, M. D.,

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unfit, unsafe and worthless to use as a medicine. Ch. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz, 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with his signature. Never sold in bulk.

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DISEASES OF THE STOMACH. Mention this publication.

Chemist and Graduate of the " Ecole Centrale des Arts et Manufactures de Laboratory, 28 Prince St., New York, SOLD BY LEADING DRUGGISTS.

SEASONABLE SPECIALTIES

We have pleasure in announcing a most eligible Pill formula entitled

CHALYBEATE COMPOUND IMPROVED (Jarvis): Iron Sulph. Exsic. 1½ grs.; Potass, Carbonate, 1½ grs.; Ext. Nux Vomica, $\frac{1}{3}$ 6 gr.

As Cardiac Tonics and Hæmatinics, Iron and Nux Vomica are resorted to more often than any other drugs. According to Lauder Brunton, the alkaloid of Nux Vomica-Strychnia-is one of the best gastric tonics in dyspepsia where there is a tendency to catarrh and congestion, It prevents frontal head iche, is an appetizer, a respiratory stimulant, relieves the night sweats of phthisis, serves admirably in mental overwork, sexual debility, hysteria and chorea, and in many forms of paralysis, including the infantile variety.

A MODERN METHOD OF MEDICATION.

Among the many methods of administering medicaments, the Soluble

Elastic Gelatin Capsule is growing to be one of the most favored.

Few physicians are aw re of the many medicaments that are now administered in this way. Among these one need only men ion the following to indicate the wide application of this method of giving numerous drugs:

Apiol; Balsam Fir; Balsam Peru; Cascara Sagrada; Castor Oil and Podophyllin; handmoogra Oil; Ced-Liver Oil and Iodine; Ced-Liver Oil and Iodora; Ced Liver Cil and Iron; Cod Liver Cil and Phesphorus; Copaiba; Cupeb, and Marico; Copaiba, Cubeb, and Bachu; Copaiba, Cubeb, and Iron; Codala, Cubeb, and Iron; Copaiba, Cubeb, and Sandal; Copaiba, Cubeb, and Sandal; Copaiba, Cubeb, and Sandal; Copaiba, Cubeb, and Sandal; Copaiba and Sandal; Copaiba and Iron; Copaiba, Cubeb, and Turpentine; Copaiba and Sandal; Creasote (beechwood), 1 miniu; Eucalyptus Oil; Garjun Balsam; Linseed Oil; Liquor Sedans; Male Fern and Kama'ıs; Nytroglykerin, 1-100 grain; Oil of Pennyroyal; Pichi Extract; Salol; Tar, purifi d; Valeriun Oil; Warburg's Tincture; Wintergreen Oil; Wormseed Oil; Quinine Muriate and Sulphate.

ANTISEPTICS AND DISINFECTANTS.

The prevention of disease is the unselfish mission of the modern physician. Antiseptics and Disinfectants to-day occupy the first place in medical and surgical practice.

We desire to call attention to the following Antiseptic and Disinfectant

preparations:

Ant septic Liquid arrests decomposition and destroys noxious gases that emanate from organic matter in sewers and elsewhere, and may be used in cellurs, barns, out-houses, and the sick-room.

Antisept c Tablets are convenient for the extemporaneous preparation of antiseptic solutions of definite strength for disinfectant purposes and for

antiseptic sprays.

Euca yptus and Thymol Antiseptic is adapted for use as an antiseptic internally, externally, hypodermatically, as a douche, a spray, by atomization, and as a deodorant. I's application in surgery is unlimited.

Sulphur Candles thoroughly employed are effectual in the fumigation

and disinfecting of rooms after infectious diseases.

Correspondence regarding any of our pure and accurate preparations of standard pharmaccuticals and specialties solicited.

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ERNEST HART,

Editor of the British Medical Journal.

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A HISTORY OF SURGERY IN SOUTH CAROLINA.

Being the Essay to which the Prize, offered by Dr. Joseph Price, of Philadelphia, was awarded by the South Carolina Medical Association, April, 1893.

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The march of civilization leads us on with such impetuous haste, that we seldom find time to review the life and works of our honored surgeons of the past, to sing their praises and gratefully acknowledge our indebtedness for their services to us and mankind; or even to reflect upon their contributions to surgery, the benefits of which we have reaped an hundredfold, and to whose ability and genius this branch owes its present position in the foremost ranks of medical science.

The history of American Surgery is a work of such magnitude that it were far better to put it together in parts than to build it as a whole.

This can be done only by local histories of the several States; much useful and interesting material has already been lost, more still is rapidly passing into oblivion, and much of great value has probably never been written, or has been destroyed. Even now a recurrence to tradition fails to elicit the quaint and seductive narratives which might easily in this way have survived.

But local histories have their purpose to subserve beyond the limit of a mere passing interest.

Our country, growing greater and grander every day, is still made up of people differing in habits, tastes and acquirements, and if these are to be merged into one glorious whole, each part should still have its own distinctive individuality, as a means of stimulating a generous rivalry, and as an incentive to further perfection.

America has, in the short period of her existence, contributed far more than her just and relative quota to the general history of the world's surgical achievements, and in this great result each State should claim the laurels she has won.

The skill and utility of the surgeon have at all times been fully recognized, and centuries still attest the truth of the oft-quoted lines, sung in immortal Homeric verse:

"A wise physician skilled our wounds to heal Is more than armies to the public weal."

Now, from the discovery of the American Continent, in 1492, until the War of the Revolution, one century ago, the brilliant pages of surgical history are not illumined by Columbia's sons, and in the long list of surgeon-immortals America is conspicuous only by the absence of even a single name.

Since that time, however, the two greatest discoveries in the history of surgery—anæsthesia and antisepsis—have been made, and we divide these honors with the nations of the globe. In the discovery of anæsthesia, America has created a distinct surgical epoch—the era of anæsthesia—which will stand through the centuries to come—a fitting monument to our industry and ability.

With the birth of the present century, ushered in as it was on the wings of a glorious and unprecedented independence, our country has rapidly taken the lead in the steady march of progress in surgical science which has signalized this epoch, and still fresh and vigorous with youthful life, bearing blushing honors full upon her, now outshines in the brilliancy of her surgical triumphs the aged nations of the civilized globe.

Were I to claim for South Carolina all that her sons have achieved in this glorious result, or even to claim for her only the creative genius of one of them, her place on the topmost round of the ladder of fame would remain unchallenged by the world at large. But the limit of this essay is plainly expressed in the words of the title suggested by the generous, gifted and distinguished surgeon, Dr. Joseph Price, of Philadelphia, who offers his prize for the best essay on the "History of Surgery in South Carolina," which I judge does not include those surgeon-sons of the old Palmetto State, who have doubly honored their proud mother by largely making the history of not a few of her sister States, but whose work does not properly come within the scope of this article.

Hence we propose only to consider the history of surgery as developed on South Carolina soil, and simply to pay passing tribute to those of her distinguished surgeons who, seeking their fortunes, have won the smiles of fame in other climes, whose skies looked brighter than their own.

The writer, upon beginning this undertaking, has no friendly guide to light his path, for, so far as he knows, this is the first attempt to classify and group our own achievements in an orderly way, so as to view them as a whole, and estimate their influence upon the progress of American surgery.

The subject is vast, the material for reference scant and hard to find; these circumstances and the fact that he was able to get answers only from a few professional men, whom he addressed by letter, make the result almost wholly a matter of personal effort and research, and for these reasons he must beg the kindly criticism of his readers.

From the first settlement of South Carolina, in 1690, until the year 1790, we have but few records of medicine, and in the knowledge of the writer none on the subject of surgery proper.

The explanation of this curious coincidence lies probably in the fact that our State was then, and for so long afterwards, the scene of those pestilences, epidemic and endemic, which almost rivalled in severity and disaster the "Seven Plagues of Egypt." Our early physicians, though undoubtedly men of the first rank in intelligence and ability, were so busy in studying the different phases of disease, under the new and strange climatic influences, which offered such a wide field for observation and research in investigating the etiology and prophylaxis of these terrible annual epidemics, and in adapting their treatment to these changed conditions of every kind, that surgery was a subject of minor importance.

The crude condition of life in the colonies reduced the number of surgical accidents, no doubt, but the fierce and cruel wars waged with the savages and Spaniards, during the periods of proprietary and regal government, between the years 1670 and 1776, must have furnished a wide range of surgical practice of which there is no record, while it must have rendered a knowledge of its principles indispensable.

Be this as it may, the following two references to surgery, while at the same time interesting, may shed some light upon the early difficulties which were successfully overcome, and the boldness and daring spirit of our American people, as also upon the nature of some surgical practice, and the methods obtaining at that time.

In 1730 we find recorded as an evidence of extreme and generous loyalty that "six chiefs laid the crown of their nation and the scalps of their enemies at the feet of King George," and in the year 1779 history records: "A man living in Orangeburg, whose leg, after being horribly mangled, had been successfully amputated several years before by one of his neighbors with a common knife, carpenter's saw and tongs—the last instrument was applied red-hot to stop the bleeding. The stump was far from elegant, but, with the help of a wooden leg, the patient enjoyed all the advantages which are secured by the most dexterous performance of amputation. There was no surgeon within sixty miles of the sufferer."

In 1809 Dr. David Ramsay, of Charleston, published his history of South Carolina, a work of inestimable value, adding lustre to an already brilliant

name, and creating for himself a somewhat unique position in the annals of our profession by uniting in his own person the skillful physician and the renowned historian.

In the second volume of this work considerable and appropriate space is given to a "Medical History of South Carolina," from which the above references were obtained. While this deals more with the meteorological observations on the climate, rainfall, etc., and with the problems of medical, rather than surgical disease, we cannot forbear making some extracts as indicative of the relative status of surgery in those days.

In 1802 Dr. Ramsay mentions that he successfully vaccinated his son Nathaniel, this being the first surgical inoculation for the prevention of small-pox in South Carolina. Occurring only four years after Jenner had published its efficacy for that purpose, and while his theory and practice were yet the subject of the most bitter vituperation and suspicion, it is indeed notable.

Gravel and nephritic complaints he notes as comparatively rare, and he mentions among only three lithotomies up to his time performed in South Carolina, a successful case by Dr. Joseph Glover, which will be referred to again.

"The eighteenth century was more than half elapsed before the Carolinians undertook to educate their sons for the practice of physics, or before any native of America had established himself in South Carolina as a practitioner of medicine,"

William Bull and John Moultrie were among the first native Carolinians to obtain the degree of Doctor of Medicine in 1734 and 1749, respectively. After the Revolutionary War this number rapidly increased.

"In the infancy of Carolina there were more experiments made, more observations recorded and more medical writings ushered into public view by the physicians of Charleston than of any part of the American Continent." The practice of surgery was regulated by Heister and Sharp, and the improvements made by Pott, Hunter, Hey and others were all transplanted into South Carolina.

He closes this admirable epitome of our medical history with this sentence: "Carolina, by her Linning, Chalmers and Garden, has increased the stock of medical and philosophical knowledge, but cannot, like Pennsylvania, boast that she has produced a Rush, a Barton and a Physick, raised up for the advancement of the healing art and of the auxiliary branches of medical science. Her practitioners, though they have not originated improvements in medicine, deserve well of their country, for they have been ever attentive and among the first to enrich it with the medical discoveries of the old and new world."

Dr. Ramsay's history stops in the year 1808, and since that time South Carolina has produced the peers of Rush, Barton and Physick, and I propose to show, not only that she has a surgical record of which she may well be proud, but that American surgery owes some of its brightest pages to the genius of her sons.

The above sketch, in addition to Shecut's Medical and Philosophical Essays, published in 1819, are, so far as we can learn, the only two attempts that have been made to perpetuate the history of medicine in South Carolina.

In the latter I find no reference to surgery, and only mention it as an evidence of a laudable desire to preserve to posterity the seemingly short and simple annals of an interesting period in our medical history. The next factor in the development of surgery in the State to be considered, and a very important one, was the establishment, in 1789, of the Medical Society of South Carolina, as it was through this agency that our earliest surgical triumphs were recorded and preserved. Space forbids me from paying a fitting tribute to this historic Society, one of the earliest organizations in America, the object of which was to further the interest of Medicine and Surgery by recording the results of original work, and which still survives to-day, after more than a century of active busy existence.

Eminent as were the members of this Society, most of them being literateurs as well as accomplished physicians, none, apparently, had devoted much attention to surgery. About the beginning of this century, among the honored names of Peter Faysoux, Ramsay, Chalmers, Dalcho and a host of others, at whose mention hallowed memories of the past crowd into our minds, we find that of Joseph Glover. Graduating in 1800 from the University of Pennsylvania, with great distinction, he won notice at once by his thesis on "Digestion," which was published among Dr. Caldwell's "Selected Theses," which, "considered as separate specimens of intellect and investigation, do great credit to the individual writers." Returning to his native city, Charleston, with a passion for surgery, he commenced practice at a juncture peculiarly favorable to rapid success in this line. Frequent opportunities occurred for the exhibition of his judgment, boldness and skill, and in a few years his reputation as a surgeon was established. An interesting sketch of his life and works is to be found in Stephen B. Williams' "American Medical Biography, or Memoirs of Eminent Physicians," published in 1845, and from which I will draw very freely,

In 1840 a committee of three, of which Dr. John Bellinger was chairman, was appointed to prepare an account of the more important facts which occurred in the practice and the principal operations performed by Joseph Glover, M.D. The following are some facts abridged from this report:

One of the first capital operations he performed was the rare one of excising the spleen. The patient, a negro, belonging to Major Pinckney, was stabbed by a knife on August 12th, 1801. The weapon penetrated obliquely the hypochondriac region, making a wound 4 1-5 inches in length, the cartilage of one or two of the false ribs was divided, and some of the omentum, together with a considerable portion of the spleen, protruded. When Dr. Glover saw him the next morning, he excised a large part of the spleen, a large portion of omentum, and secured a branch of the splenic artery with a ligature. The remaining parts were properly cleansed and returned to the abdominal cavity. The wound was closed with interrupted sutures.

In some of its circumstances this case resembles the one reported by Chelsenden, Volume XI. of the Philosophical Transactions. This successful case attracted much attention both at the time and since.

The next important operation he performed was lithotomy. Calculus diseases

were so rare at that time that to have cut for stone was a fortunate distinction few surgeons enjoyed. As late as 1808 only three operations of this kind could be distinctly and certainly recollected as having been performed in Charleston. Two of these were done by Dr. Turner, of Connecticut, by invitation for the purpose; the third was by Dr. Glover.

Dr. Glover also excised "an inverted uterus measuring 11 inches in length, 18 inches in circumference and weighing five pounds, with rapid recovery." He relates as proof of the fact of its being the uterus that in 1834 he had visited his former patient, whom he found in good health, and that he was assured that she had never menstruated since the operation. The committee then give the details of the operation, which are too long to insert here, but which are reported in the fourth volume of the American Medical and Philosophical Register.

Dr. Glover also gained reputation by reviving as a cure for hydrocephalus the operation of puncture of the head and subsequent compression. The history of Dr. Glover's case was published in pamphlet form by the Medical Society in 1818. It was quoted by medical and scientific journals all over the world. In the *New York Medical Journal* for 1818 we find this: "We are indebted to that ancient and respectable institution, the Medical Society of South Carolina, for the publication of this case, which extends the practical domain of surgery."

In the Archives General for 1832, Bricheteau gives Glover priority in the use of compression by the bandage for the cure of hydrocephalus.

Dr. Frederic S. Dennis, of New York, to whom I owe many thanks for the assistance his work has given me, in an admirable, able and most praiseworthy address on the "Achievements of American Surgery," to be found in the New York Medical Record, December, 1892, says: "The operation of hysterectomy is one that was performed very early in the history of this country, since it has been ascertained that, in 1813, Joseph Glover, of South Carolina, removed the entire uterus, and the patient made a complete recovery. This operation occurred just four years subsequent to McDowell's first ovariotomy." I quote thus at length on account of Dr. Glover's career, as he occupies a unique position, being the first surgeon in South Carolina whose achievements merit notice, or of whose works we have an authentic record.

"In 1816 John King, of South Carolina, in the case of an extra-uterine pregnancy, by opening into the pelvic cavity by the side of the vagina and extracting the fœtus with forceps." A report of this case was published in the *Medical Expository* of New York of i817, under the title, "Case of extra-uterine fœtus produced alive through an incision made into the vagina. The mother recovered without any alarming symptoms."

Dr. Dennis again says: "In the surgery of the spleen Americans have a record of which they need not be ashamed. In reviewing the literature of splenectomy the case of Zaccarelly may be excluded, Sir Thomas Wells says, as apocryphal. The next authentic case is one by Quittenbaun, of Rostock. This was performed in 1826, and the patient died. But in 1801, a quarter of a century previous to this case, Dr. Jos. Glover, of Charleston, S. C., removed

nearly the entire spleen, the omentum, and ligated a branch of the splenic artery."

From this I gather that to Dr. Glover is due the credit of the first successful splenectomy in the world's history, thus demonstrating an important principle which has had no mean influence in shaping the destiny of splenic surgery.

In 1823 Dr. E. D. Smith, of South Carolina, was engaged in the translation of the writings of the great French surgeon Desault for the benefit of American surgeons. This was the first of the many praiseworthy ways in which Americans largely made use of the knowledge of other nations and appropriated it to their own use, and it is creditable that a Carolinian was the first translator of foreign surgical literature.

Dr. Benjamin Bonneau Simons merits attention as the next surgeon, chronologically, whose name is associated with several original operations, but of his work we can find no positive record. Educated in Edinburgh under the famous Abernethy, he returned to Charleston and practiced surgery extensively until his death, in 1844. He was the author of a work on the "Surgery of Bones," in which field he was the pioneer in this State, we are told, being the first surgeon to trephine the skull.

His many queer traits of character have left behind some amusing stories which still survive to tell of his prowess and perpetuate his memory as a surgeon.

With these glorious and wonderful exceptions, the writer has been able to find no records of surgery until the establishment of the Medical College of the State of South Carolina, in 1822, under the fostering care of the Society, when we have recorded a long list of many brilliant men who at various times filled the important chair of surgery. The names of many of America's sons are indiscolubly linked with her history. The first name registered in the pages of her matriculation book was that of Eli Geddings—a household word in South Carolina—and of whom we will speak more at length hereafter.

In 1821 Drs. William Michel and Thos. V. Simons started a medical journal, which would have been an invaluable record of our surgery and surgeons of this period, but only a few numbers were issued when unmerited failure overtook it.

Again, in 1846, the Charleston Medical Journal and Review was established. Mention was made of these, as it was mainly by such means that our surgical progress has been preserved for all time. One of the originators of this journal, Dr. Lawrence Smith, was a man of wonderful genius, who, on leaving his native State, was appointed geologist to the Sultan of Turkey, and was finally crowned by "the highest honor within the gift of the scientific world"—election to the Institute of France.

Though prior to 1846 there were only three books on surgery printed by American authors, according to Dennis, we find that a work on surgery, by Dr. T. L. Ogier, of Charleston, was published about 1834. This book, though not well received, still reflects credit on the energy and originality of its author. Its pages savored too much of French and too little of American style and method to suit our patriotic taste, its gifted author having received the major part of his education in foreign schools.

In 1858 the lectures of Professor Eli Geddings, then Professor of Surgery in the Medical College of the State of South Carolina, were published.

Dr. Geddings at that time was well known throughout the United States as an able, aggressive and successful surgeon. Very few of his cases were reported, though he was for years one of the editors of the American Journal of the Medical Sciences, then the leading medical periodical of this country.

In 1862 a "Manual of Military Surgery, for the Use of Surgeons in the Confederate Army," was written by Dr. Julian J. Chisolm. This book was pronounced by Gross and other prominent surgeons of that time as the best work that had appeared on the subject. Dr. Chisolm was then Professor of Surgery in the Medical College of the State of South Carolina. Removing shortly after to Baltimore, he has achieved an international reputation for his work in ophthalmology, and has enjoyed all the professional honors this country can bestow.

In 1848 the South Carolina Medical Association was organized in Charleston, and, except during the war, has been in active existence ever since. The proceedings of this Association and the files of the *Charleston Medical Journal and Review*, from this point form the chief sources of my information.

The discovery of anæsthesia, in October, 1846, by Morton, of Boston, was by far the greatest event which has ever occurred in the history of surgery, and yet, astonishing as it may seem, the use of the anæsthetic apparently crept into South Carolina with slow and noiseless steps, for I find in the current literature scarcely any notice of its introduction.

Since writing the above, my attention has been called to the report of a committee consisting of Drs. J. R. Bratton, B. W. Taylor and C. R. Faber, appointed by the South Carolina Medical Association, "to investigate the claims of the original discoverers of the anæsthetic properties of ether and its successful application in surgical operations" (Transactions South Carolina Medical Association, April, 1883), and which had escaped my notice. The name of Dr. P. A. Wilhite, of Anderson, is now commonly associated with the other claimants, but is usually coupled with that of Dr. Long.

This committee reach the following conclusions in an interesting article:

- r. That for more than fifty years the inhalation of sulphuric ether, as an excitant, was common in some parts of Georgia, though not practiced in the colleges.
- 2. That Wilhite was the first man to produce profound anæsthesia, which was done accidentally in 1841.
- 3. That Long was the first man intentionally to produce anæsthesia for surgical operations, and that this was done with sulphuric ether in 1842.
- 4. That Long did not by accident hit upon it, but that he reasoned it out in a philosophical and logical manner.
- 5. That Wells, without any knowledge of Long's labors, demonstrated in the same philosophic way the great principle of anæsthesia by the use of nitrous oxide gas, in 1844.
- 6. That Morton, desiring to use the gas in dentistry, asked Wells to show him how to make the gas in 1846.

- 7. That Wells referred Morton to Jackson for this purpose, as Jackson was a scientific man and an able chemist.
- 8. That Jackson told Morton to use sulphuric ether instead of gas, as it possessed the same properties, and was safe and easy to get.
- 9. That Morton, acting upon Jackson's suggestion, used the ether successfully in the extraction of teeth in 1846.
- 10. That Warren, Haywood and Bigelow performed important surgical operations in the Massachusetts General Hospital, October, 1846, on patients etherized by Morton, and that this introduced the practice throughout the world.

The following is a quotation from Lauder Brunton's "Materia Medica," page 192: "The propeties of this gas (nitrous oxide) and also of ether vapor to produce excitement when inhaled, caused these substances to be used in sport, and during their action bruises were frequently received but not felt.

"This circumstance excited the attention of Dr. Crawford W. Long, of Athens, Ga., and in 1842 he anæsthetized a patient with ether in order to remove a tumor. He was encouraged to do this by the fact that Dr. Wilhite, in a frolic, had rendered a negro boy completely insensible without any bad results."

. . "Morton used ether in dentistry (in 1846), and induced Drs. Warner, Haywood and Bigelow to perform important surgical operations on patients whom he anæsthetized with it. From this time onwards anæsthesia has been regularly used in surgical operations."

I am indebted to Dr. James Evans, of Florence, for some interesting information in this connection. The negro boy to whom Dr. Wilhite administered the ether became so profoundly insensible that the Doctor, thinking that he would not recover from the anæsthetic, had his horse saddled and intended to escape into Tennessee. He also writes that "Dr. Wilhite's claims were carried before the Senate in 1853, which body was so impressed by the justice of his claims that the House bill making the appropriation to Morton was killed."

Public opinion is still unsettled, the world is still in doubt, and the claimants having all passed away, the true decision as to whom the honor for the discovery of anesthesia is due, must rest on the impartial judgment of future generations. The basis of such decision must rest, it seems to the writer, upon the accepted meaning of the world discoverer or inventor.

Sidney Smith, the great literary genius of his day, says that "he is not the inventor who first says the thing, but he who says it so long, so loudly and so clearly, that he compels mankind to hear him."

"No stately pyramid, whose towering height shall pierce the stormy clouds," could properly measure or express the debt of gratitude the world owes to the discoverer of anæsthesia, nor will he need one to "tell posterity his fame."

If truth decrees that the world is indebted to Wilhite for the discovery of anæsthesia, then will our cup of gratitude and honor be full indeed.

In May, 1847, Dr. Henry R. Frost described an amputation of the leg with letheon (ether), given by a dentist (Dr. Solomon), and says it is superior to any means yet proposed for destroying sensibility. Dr. T. L. Ogier, in the same year, used it in a case of traumatic tetanus. Dr. Michel relates to me that, in

1847, it was given before the class of the Medical College, to a patient on whom he was to operate, by a Dentist named Dr. Bissell. In this case a patent glass inhaler was used for which Dr. Bissell had paid \$50. This was probably the first public demonstration of its use. To whom belongs the priority for its first application in South Carolina I cannot decide. It is curious to note, however, that in both instances it was given by dentists who had purchased a license to use it, and that at this date they were better acquainted with its use than the surgeons who experienced its advantages.

Now, following the classification of Dr. Dennis, I shall consider, in tracing the progress of Carolina surgery (1) Surgery of the great cavities of the body; (2) Surgery of the bones and joints; (3) Surgery of the vascular system and nerves; (4) Surgery of the genito urinary system; (5) Miscellaneous operations.

It was my purpose to report in full many of the cases which are here noted, and also to quote other interesting cases which, though creditable to the author, still showed no originality, but, finding this would make my essay too voluminous, I intend only to mention those surgical operations which have had some distinct bearing upon the progress of the art in our State.

I. SURGERY OF THE GREAT CAVITIES OF THE BODY,

Dennis ascribes the first case of trephining for epilepsy to Dudley, of Kentucky, about 1828. The next operator, he says, is Warren, who in 1849 trephined for idiotism.

As early as 1836 Dr. John Douglass, of Chester, S. C., trephined for epilepsy in a lad 12 years old, the result of a blow on the head—the convulsions stopped and returned later. In 1839 he trephined a boy aged 16 for mental derangement, the result of a blow on the head fifteen years before. The relief in this case was permanent. In 1847 he again operated for convulsions with entire relief. Dr. John T. Darby, of Columbia, also trephined for epilepsy as early as 1874, and E. B. Turnipseed in 1876. Since that time it has been frequently done in South Carolina for all the conditions requiring it.

Dr. Douglass consequently deserves to be ranked among the first of those who trephined for the cure of this disease, not only in South Carolina, but in America, and as such deserves great credit, which has not hitherto been accorded to him.

Dr. Harris, of Philadelphia, up to 1884, had collected and reported statistics on only 136 cases of Cresarean section; one of these was performed by Dr. J. W. Hill, of Edgefield, as early as 1869, and was successful, both mother and child being saved.

Dr. E. Miller, of Florence, again reports, in 1835, a case which died on account of previous rupture of the uterus.

Dr. Cornelius Kollock, of Cheraw, in 1892, reports the third case in South Carolina which was successful, mother and child both being well and alive seven months after operation. Dr. Kollock, in August, 1892, again operated successfully.

Histories.—Case I., black woman, aged 30, second labor; conditions, vaginal stenosis and vesico-vaginal fistula, the result of previous labor.

After twenty-eight hours of labor, no change taking place, operation was performed by the usual incision, and twelve days after, being perfectly well, professional care was discontinued.

In Case II, rupture of uterus was the cause of the operation and the cause of its fatal result,

In Case III. pelvic contraction was found, the conjugate diameter being only 11 inches. Sanger's improved operation was performed in forty-four minutes, and was very successful.

In Case IV. a similar operation was done, and both mother and child saved.

These cases, the only four recorded in South Carolina, would seem to prove that pelvic contractions are rare, or that craniotomy was and is extensively practiced. Dr. Eli Geddings is also said to have performed it here about 1850. Dr. Hill's case was among the earliest recorded in America, and was the first in South Carolina.

I have already mentioned that Glover, in 1813, was the first surgeon in America to perform hysterectomy. In 1847 Dr. John Bellinger performed abdominal hysterectomy, though the case resulted in death.

In 1854 Dr. Eli Geddings again removed the entire uterus in a case of inversion, the pedicle being ligated with strong silk; and in 1868 it was done by Dr. John T. Darby, of Columbia.

In 1847 Dr. Bellinger performed four laparotomies for ovarian, uterine and abdominal tumors, three of which were successful. It is peculiarly interesting to note that at this early date he advised exploratory incisions into the abdomen, and had practiced this method of diagnosis; and finding the condition too bad to proceed further, he closed the wound again.

Dr. Henry O. Marcy, of Boston, mentions in an article on "The Animal Suture; Its Place in Surgery," that "Dr. John Bellinger, of Charleston, S. C., in 1835, successfully performed ovariotomy, tying two arteries in the pedicle with animal ligatures" (Am. Jour. Med. Sciences, 1837, Vol. XXI., page 380).

This was one of the earliest attempts that was made to make use of those ligatures, which are now in such common use, and due credit is given to Dr. Bellinger in the able and exhaustive paper mentioned above.

Dr. P. G. DeSaussure reports to me a successful abdominal hysterectomy which he performed for the removal of an eight-pound uterine fibroid in 1886. The whole uterus, save three-quarters of an inch of the os, was removed, and the stump treated externally at the lower end of the incision; and also the successful removal by laparotomy of a sixty-two-pound ovarian cyst. The patient died thirty-two days after the operation, but was up and attending to business for some days.

These two cases are remarkable on account of the large and unusual size of the tumors requiring interference.

Laparotomy for the removal of abdominal and pelvic tumors and for the cure of the various other conditions and diseases of these cavities requiring operation,

has been performed in South Carolina a great many times, and with great success, in the last few years. Space and time forbid detailed mention of all the operations and operators. Among those who have reported cases are, Drs. Taylor, of Columbia; Miller, of Florence; Kollock, of Cheraw; Bratton, of Yorkville; Black, of Greenville; H. R. Black, of Wellford; Manning Simons, of Charleston; Kinloch, of Charleston; G. R. Dean, of Spartanburg; J. C. McMillan, of Marion, and E. Wasdin, of Charleston.

But special mention should be made in this connection of Cornelius Kollock and R. A. Kinloch, both of whom have operated a very large number of times, their cases embracing all the conditions for which laparotomy is undertaken, while both have been crowned with unusual and merited success and corresponding distinction.

Dr. J. L. Ancrum, of Charleston, in 1873, reports a "case of intussusception, operation of laparotomy in an infant two years and six months old, unsuccessful," and advocates very warmly operative interference in these otherwise fatal cases.

In a list of only 70 cases, the largest recorded up to that time, collected with great care and ability, and published in the *Charleston Medical Journal and Review*, by Dr. Francis L. Parker, this case is mentioned, and is certainly the first in this State. A few years later Dr. Kollock, of Cheraw, successfully relieved this condition by timely laparotomy.

Dr. R. B. Rhett, Jr., of Charleston, in 1889 and 1891, reports two cases of intra-ligamentary cyst successfully treated by iodine injections. This he claims as an original method, and as such deserves mention. Dr. Rhett, in 1892, also records a case of laparotomy in the puerperal condition performed ten days after delivery, pus being found in the tubes; the case ended fatally. This is among the few cases recorded where the abdomen has been entered so soon after parturition, and its expediency is still under discussion.

Cholecystotomy was first performed by Dr. Bobbs, of Indiana, in 1867, but the operation, so far as I can find, was not done in South Carolina till 1890, when Dr. Rhett operated in the case above mentioned with fatal results, labor coming on two days after; and again, in 1891, by Dr. J. L. Dawson, Jr., of Charleston; who removed the gall-bladder, with several large stones, successfully.

The operation of laparotomy for the treatment of penetrating gun-shot and stab-wounds, was the work of American surgery. Gross, in 1843, and Sims, just before his death, both suggested this method, but these gentlemen never practiced this plan of treatment.

The honor of first making practical application of the method was reserved for one of South Carolina's sons, and we point with the finger of pride to the name of R. A. Kinloch, of Charleston as the man to whom the credit is due for this great advance in surgery. Dennis admits that Kinloch was the first to perform this operation, but gives to Dr. W. T. Bull, of New York, all the credit for its introduction as a recognized surgical procedure. This case of Kinloch's is reported in the American Journal of the Medical Sciences, July, 1867. The subject was a Confederate soldier, who had been wounded in the abdomen some time previous. Dr. Kinloch performed laparotomy successfully in Summerville, resect-

ing the intestine and suturing it again with the object of restoring its continuity; the patient lived many years afterward.

He again operated in a case of gun-shot wound in 1882, in which the intestines were injured. This he treated by opening the cavity and suturing the bullet-openings, but it terminated fatally, because one perforation, found on autopsy, was overlooked. Dr. C. Kollock operated successfully in 1887 on a similar case, and so did Dr. Manning Simons in 1892, and doubtless some others who have not recorded their work.

Much controversy has arisen as to priority in this operation, the beneficial effects of which have been felt and experienced all over the civilized globe. The honor is well worth the contention. But while to Dr. W. T. Bull, perhaps, belongs the credit of establishing it as a recognized surgical procedure, the credit for its first performance must be given to Dr. Kinloch.

Another South Carolinian to whom great credit is due for pioneer work in abdominal surgery is Dr. J. McF. Gaston, now of Atlanta, who in 1859 united the intestines of a man who had removed, while under the mental hallucination of delirium tremens, three pieces of his small intestine, each some ten inches in length. These were subsequently preserved in the Museum of the Medical College at Charleston. This case was reported in the medical literature of that period and subsequently referred to in the Southern Medical Record, October, 1884.

These two cases, namely, that of Kinloch, in 1862, and Gaston, in 1859, have been continually confounded in every way. In Brant and Fuller's Encyclopedia, Volume I., page 331, we find the following: "Dr. Kinloch was the first surgeon in the world to open the abdomen as a restorative operation in cases of gun-shot wound, with a view to restoring the intestines, twenty years in advance of anyone else." The first assertion here is true, the latter false.

Dr. Gaston has also been credited with the priority instead of Dr. Kinloch, but the two cases are entirely different. "While in one the abdomen was opened and the intestine resected and sutured, in the other the three ends of the intestine dangled out of a small aperture in the abdominal parietes, and only required to be brought together to effect the continuity of the canal," as Dr. Gaston says in his own words.

The ends of the wounded intestine in Gaston's case were united with silver wire, and he argues that this suture "can be so moulded as to serve the end of a splint in maintaining exact apposition of the edges and yet not interfere materially with the general mobility of the intestinal canal."

These cases have lately occasioned much discussion in the New York Medical Record of December 3d, 1892, and January 14th and 21st, 1893, in connection with the address by Dennis.

In 1875 Dr. E. B. Turnipseed, of Columbia, operated on a case of apoplexy, thirty years after the fracture of the frontal bone, resulting in entire paralysis of the left arm and leg with epileptiform convulsions, with improvement in the use of the limbs." Dr. Turnipseed also invented at this time a number of ingenious instruments to facilitate the operation for vesico-vaginal fistula, which attracted much attention.

In 1878 Dr. Manning Simons operated on a case of imperforate anus, making an artificial opening at the sigmoid flexure just above Poupart's ligament, which was very successful, as the child is still living.

II. SURGERY OF THE BONES AND JOINTS,

In this department, Dr. R. A. Kinloch deserves special mention as the originator of the method of treating fractures of the lower jaw by suturing the fragments together, when retention by other means was impossible. This case was reported in the *American Journal of the Medical Sciences*, July, 1859. In Ashurst's Encyclopedia of Surgery, Volume IV.. page 78, and in Agnew's Surgery, page 887, Dr. Kinloch is given full credit as the first to perform this operation, which has since been utilized in fractures of all other bones when delayed union presents itself as a complication.

"Excision of the hip-joint as a systematic operation was successfully, and for the first time, done in this country by Sayre in 1854."

In 1857 Dr. Kinloch reports a case of excision of the hip-joint for morbus coxarius, with remarks on the propriety of such an operation, and a summary of the recorded cases up to that time. Only 40 cases were recorded when he performed his first; 28 were successful, 12 fatal. The case in point proved fatal, but Kinloch warmly urged the operation, and was certainly the first to perform it in South Carolina.

In 1881 Dr. F. L. Parker reports successful excision of the head and six inches of the femur, and in 1886 of the head and six inches of the humerus.

Dr. Manning Simons, recently at the City Hospital, Charleston, successfully removed half of the lower jaw, on account of a large osteo-sarcoma, in a young mulatto girl about four years old, performing laryngotomy as a preliminary step in the operation. Drs. Kinloch, J. S. Buist, Simon Baruch and others have reported cases of removal of these tumors by ordinary methods.

In April, 1890 (American Journal of the Medical Sciences), Dr. Middleton Michel reports the only case of "wiring the patella," which has been done in South Carolina.

III. SURGERY OF THE VASCULAR SYSTEM AND NERVES.

In this department very few cases deserving of notice have been found by the writer.

Dr. Michel's successful ligation of the subclavian artery between the scaleni muscles reported in October, 1883 (American Journal of the Medical Sciences), but performed in our recent war of 1862 upon a Confederate soldier, is an event worthy of special mention. This artery is usually tied in its third position, and the first successful case of ligation of the first part was achieved only a few months ago by Halsted, of Baltimore. The part between the scaleni is a rare ligation, and the fact that the patient, twenty-six years afterwards, was well and hearty, makes this remarkable case still more interesting and creditable.

Dr. Wm. T. Wragg reports, in 1847, that for ten years he had used deer sinews

for ligatures, remarking upon their good properties of being easily absorbed and of creating little inflammation.

In 1872 Dr. R. W. Gibbes, of Columbia, ligated a large hernia of the omentum, and, cutting off the ends of the ligature, dropped it into the abdomen. This, he claims, is the first time the omentum was treated in this way. I have not been able to verify it.

In 1873 Dr. R. A. Kinloch reports a case of femoro-popliteal aneurism successfully treated by the antiseptic ligature. This, he says, is the first report on an operation of this kind in the United States with the carbolized catgut ligature, as taught by Lister and then under trial.

In 1889 Dr. Manning Simons reports "a case of aneurism and arterio-venous aneurism of the femoral artery and vein produced by gun-shot injury—operation and recovery."

This is a rare operation, for the sac, which was about the size of a goose-egg, was entirely excised and ligatures successfully applied to both distal and proximal ends of the femoral artery and vein.

Ligations of most of the larger arteries for aneurism and various other causes have been successfully done by surgeons throughout the borders of our State, but none that I find reported merit mention either for priority in success or in ligation.

In the surgery of the nerves Dr. Francis L. Parker, of Charleston, deserves great credit for having been the first surgeon in the United States, we believe, who obtained reunion of a divided nerve of large size by suture through the continuity of the nerve itself. The case is reported in 1881 and 1883 (Transactions South Carolina Medical Association), as follows: "Paralysis of extensor muscles of forearm and hand from division of the posterior interosseous nerve. Complete recovery by resection and reunion of the ends of the divided nerve with carbolized catgut sutures." This operation was done three months after the injury.

In Gaillara's Medical Journal, February, 1882 (taken from the Lancet), only 40 cases are recorded, and none of these are American. This operation must not be confused with nerve section and nerve-stretching, in which the work of American surgeons is well known.

IV. SURGERY OF THE GENITO-URINARY SYSTEM.

As before quoted, Ramsay was under the impression that renal calculi were rare in South Carolina. Dr. Glover's early lithotomy, previously mentioned, was the first in the State, undoubtedly. Since then 58 operations (lithotomy and lithotrity) were collected from all parts of the State by Dr. F. L. Parker in 1873, thus disproving this assertion. Next to Dr. Glover, Dr. H. H. Toland, of Columbia, was one of the earliest operators, as Dr. O. B. Mayer, Sr., of Newberry, was one of the most successful. Drs. Benjamin Simons and Eli Geddings were also among the earliest operators in the State.

Dr. Manning Simons, in the Medical News, December, 1891, reports "a case of

suppurative pyelo-nephritis consequent upon renal calculus; nephrectomy by laparotomy—recovery."

The sac left by the removal of the kidney was so large that drainage was provided for by passing a tube entirely through the abdominal cavity, the posterior end emerging between the twelfth rib and the crest of the ilium.

V. MISCELLANEOUS SURGERY.

The operation of excision of the parotid gland is a rare one in the history of surgery, because it is seldom effected and because its anatomical position renders interference with it peculiarly dangerous.

Only two excisions of this gland are recorded in South Carolina. In 1852 Dr. H. H. Toland, of Columbia, removed it successfully on account of a malignant growth so large as to luxate the condyle of the jaw and to render deglutition almost impossible. The external carotid was tied as a preliminary step.

In 1869 Dr. Middleton Michel, of Charleston, removed the gland from a man living in Bishopville for a malignant tumor. Hemorrhage was so great that the common carotid was tied after the growth was excised. Secondary hemorrhage occurring some days later, Dr. Michel tied the carotid lower down again. This patient died of hemorrhage from the seat of the second ligature about thirty-one days after the operation.

"In 1850 Dr. Henry I. Bowditch suggested and practiced paracentesis thoracis, and Dr. Morill Wyman simultaneously performed the same operation. It is almost impossible to estimate the number of lives saved by this operation, but the number is very great, and this operation forms an enduring monument to the fame of American physicians." In 1889, Dr. F. Peyre Porcher, of Charleston, reports a series of 69 cases in which he had tapped for pleuritic effusion. In this operation he is facile princeps in this State, and this large number of cases very properly attests his large experience, as well as his skill in physical diagnosis.

The operation of paracentesis of the pericardium was, according to Professor Roberts, of Philadelphia, only performed sixty times from 1819 to 1880, and only eight times in America during the same period. Dr. Porcher performed successfully one of these eight, which is recorded in Dr. Roberts' book, and reported in the New York Medical Record, July, 1878.

Dr. Charles R. Taber, of Fort Motte, in 1882, reports two successful cases, and Dr. C. Kollock another successful one in 1884. These, with two others by Dr. Porcher, complete the history of this operation in South Carolina.

In the literature of extra-uterine fœtation there are only a few records, though I am certain laparotomy has been performed for its relief many more times.

The earliest case recorded is that of Dr. John King, in 1816, already mentioned. In 1886 Dr. J. R. Bratton, of Yorkville, reports a case of double uterus and double vagina complicated with post-tubal abdominal feetation. Laparotomy successful one month after diagnosis of pregnancy was made, which is unique.

Dr. John T. Darby, in 1872, gives an account of quite a remarkable case, occurring in the practice of Dr. Lewis, of Lexington, of extra-uterine pregnancy,

in which the fœtus was retained for nine years, and in that time a boy and girl had been naturally delivered. What was thought to be an abscess was opened, when a dead fœtus presented and was removed. The contents of the stomach emptied through an ulceration into the sac. This was closed with sutures, but was finally the cause of the woman's death. In 1886, Dr. R. Andral Bratton, of Yorkville, operated on "a case of extra-uterine pregnancy of fifteen year's standing; laparotomy—recovery."

This is worthy of mention, too, on account of the length of time the foctus was retained, though there is a case on record extending over fifty-six years.

He writes me that Dr. Strait, of Rock Hill, has also operated on a similar case, which has never been reported.

In 1858, Dr. W. W. Anderson, of Stateburg, reports a case of tetanus cured by amputation of the toe affected.

Dr. F. W. P. Butler, of Edgefield, reports a successful double amputation through the thighs for gangrene.

Dr. B. W. Taylor, of Columbia, reports a unique case of tracheotomy and thyrotomy for malignant growth, in 1876. The case recovered, but death resulted later from a return of the tumor.

In eye surgery, Dr. Francis L. Parker, of Charleston, records in 1883 a case of transplantation of the conjunctiva of the rabbit to the human eye in a case of Symblepharon; successful. Very few cases previous to this had been done in this country, and this was certainly the first in our own State.

Dr. Parker also introduced into the State and performed five times the operation devised by Mules, of Manchester. This consists in suturing into the empty sclerotic an artificial vitreous or glass ball, the object being to retain the natural appearance of the eyeball. The operation is one of the substitutes for enucleation, and succeeds admirably, when, for cosmetic reasons, we wish to insert a false eye, as it preserves all the motions of a healthy globe.

The following is a quotation from Ashurst's Surgery, 1889, page 764: "Exenteration or evisceration of the eye was first introduced among us in America by Prof. Michel, and this was about the same time advocated by Graefe in Halle, by Mules in Manchester, and by Michel, of Charleston, S. C."

Such, then, is the history of surgery in South Carolina, as I have found it recorded in the literature at my command. If anyone who deserves mention has been omitted, it has happened unintentionally.

But this, imperfect though it be, would still be incomplete were I to omit mention of the names of Marion Sims, Gailiard Thomas, and Simon Baruch, of New York; Chisolm and Miles, of Baltimore; Logan, of New Orleans; Gaston, of Atlanta; Nott, of Mobile, and a host of others whom we are proud to claim—men who, reared and nurtured in old Carolina, educated in her own institutions and practicing within her own borders until their brilliant talents demanded a larger sphere of action, have won honor for themselves and their adopted homes, while shedding yet greater lustre upon their native State.

More might and could be told as of great or greater interest than that which time and circumstances have permitted me to relate here in this brief essay.

Enough has been said, however, to show that we have indeed good reason to, and may well be, proud of the place we will occupy in a grand surgical picture, and especially of the share we have contributed to the achievements of American surgery.

We have a glorious past, may we only have a more glorious future!

THE MINERAL TREATMENT IN DISEASES OF THE MUCOUS SURFACES—TUBERCULOSIS; PATHOLOGY AND TREATMENT.

By N. B. Shade, M.D., Washington, D. C.

[Written expressly for this Journal.]

Tuberculosis is not inherited; but a predisposition to produce and accumulate the peculiar (soil) fertilized mucous surfaces adapted to the development of the germs may be either inherited or acquired.

As no one is exempt from the inhalation, eating and drinking tubercular germs, and all alike are exposed, then what folly to try to evade coming in contact with this disease, when there is no spot on earth where animal life can exist that tuberculosis is not to be found in some form.

In like manner the surface of the earth is exposed to seeds (germs) of all kinds, and the results to be seen anywhere where soil can be found peculiarly adapted to entertaining and developing the germs carried hither and thither by the wind. But where there is no soil even weeds cannot be found; so those of us who do not, or have not accumulated a fertilized soil in the mucous tissues, eat and drink the germs of disease without injury. In fact, we digest them with impunity.

The question naturally arises here, can we avoid the accumulation of soil in mucous surfaces? Let us see.

In the first place, I would suggest that it is as essential to health that the body be kept clean on the inner as on the outer surface, because we derive our nourishment from the inner surface, while some of the lower animals acquire their sustenance from the outer surface of the body.

That which produces susceptible soil in the mucous surfaces is generally the result of retention of the contents of the alimentary canal, resulting in fermentation of food in the duodenum.

The chyliferous vessels are under the necessity of carrying a vitiated chyle into the circulation, intermingling with the venous blood in the right ventricle, and from thence to the lungs to be renovated, oxyginated—filtered, as it were—and sent on its mission as arterial blood, to nourish the tissues of the body.

The lungs are burdened in throwing off excrementitious matter—carbon and poisonous gases, which should pass off through their normal channels, and which is accomplished by exhalation, cough and expectoration.

It will invariably be found that all catarrhal and tubercular subjects suffer from constipation or a perceptible sluggishness of the bowels, so that the peristalsis is not sufficient to cleanse the mucous surfaces. As a necessary result the capacity to receive and assimilate food is interfered with; the duodenum is more or less in a crowded condition, and there is but little, if any, desire or room f. r food.

This condition brings about a chronic anæmic condition, a small volume of blood and a rapid contraction of the heart, which undermines resisting power, and sooner or later the subject succumbs to what—not to tubercular cavities in the lungs, or for want of sufficient lung expansion, but from chronic anæmia, an inability to take and assimilate food. The victim virtually starves to death.

So much for the pathology and philosophy.

THE MINERAL TREATMENT.

I have formulated three outlines of treatment:

1. Break up the soil in which the germs have been entertained and developed; in other words, remove the cause that produces damaged throat, lung and other damaged tissues, by the internal administration of the chloride of mercury, gold or zinc, depending upon the temperament, diathesis and stage of the disease for the selection of the mineral to be given.

The mild chloride of mercury, in doses of from 2 grs. to 1.60 gr., will be found best adapted to the nervous-bilious temperament.

A physiological effect is desirable if the line of demarkation is not too closely pressed,

The close observer will notice the approach of ptyalism long before there is danger of salivation.

If possible, then, keep the secretions acting and the mucous surfaces cleansed by 1-30 gr. chloride gold, increased to 1-6 gr., if necessary, and if the patient stands it well.

Gold and zinc are most desirable in the phlegmatic temperament.

Either of the minerals should be discontinued at once if there are any perceptible indications that all is not working harmoniously; for sometimes we are in too much haste when nature needs rest to accomplish that which she alone can bring to pass in resuming her normal functions. However, it may not be necessary to discontinue either of the other outlines of treatment.

It is to be remembered that it will require the closest scientific observation in the proper administration of the minerals to secure the best results.

It will be necessary to know when to stop either of the minerals and when to administer them again at the proper time. Either of the minerals are just as dangerous as the elements—fire and water. They are also just as harmless, if properly handled.

The three minerals I have suggested can be relied on as mighty implements of precision, especially the hydragiri chloridum mite.

2. Restore the capacity to receive and assimilate food, thereby increasing the volume of blood and resisting power.

I require every case to enter into a covenant with me to flush the colon, thrice weekly with warm water (two to three quarts), and give internally quassine, accompanied with the arseniate of strychniæ in half milligramme doses (dosimetry), after meals in cases requiring a revitalizer and nerve tonic. Also guaiacol, in a good syrup of hypophosphite of *lime*, in cases that expectorate freely, and *soda* in scanty expectoration.

This comprises the internal treatment, modified, as may be necessary, from time to time.

The mineral part of the treatment has the happy effect of putting the system in a more susceptible condition for treatment, controlling night-sweats, etc., to a better advantage.

3. Repair damaged throat and lung tissue by a modified inhaler, with which I reach the cavities and other mucous surfaces with ammonia chlorides, tar and beech-wood oil.

This part of the treatment not only cures hæmoptysis, bronchorrhæa, heals cavities, restoring damaged tissue, but also increases chest expansion, and is helpful in restoring the normal elasticity of lung fibre.

Out of 143 cases of tuberculosis under the mineral treatment to date, I know of but seven deaths during the last eighteen months.

I feel warranted in saying that at least 75 per cent, of consumptives can be cured, or their susceptibility to the disease so annihilated (arrested) that they may live to die of some other disease.

If my plan of treatment is understood and carried out as each peculiar temperament and diathesis requires, it will be found there is no necessity of a change of climate, as has been so widely advocated.

A change of climate is desirable in any chronic disease, but I find in the treatment of tuberculosis, as I have brought out in this paper, a change of environment is just as good, and in many cases far better, than sending the poor consumptive to some far "distant clime" to die. How true the saying, "distance lends enchantment,"

Some of the most remarkable cases I have treated, who have left desirable locations, where they were sent to build up, have not been benefited, and who have come to Washington for treatment, are now in the enjoyment of health. Though seemingly hopeless cases, their disease has been arrested, which has been far above my expectations as well as many of the medical profession in this city. While a change of climate is to be desired in many cases, I have never known the disease to be arrested by it.

28, Iowa Circle.

COCCYGODYNIA.

By Andrew H. Harriss, M.D. (Medico-Chirurgical Hospital), Philadelphia, Pa Read before the "Wm. Easterly Ashton Gynæcological Society," Tuesday, March 28, 1893.

From the time this condition was brought to the notice of the profession, it was considered to be within the domain of the medical man.

The disease was first described by Dr. Nott, as a Neuralgia of the Coccyx, but was afterwards thoroughly investigated by Sir James Simpson, who gave it the name it now bears.

Coccygodynia, as it is now considered, is, pure and simple, a surgical disease, as the knife has been the only means by which a radical cure has been effected.

Causes,—Among the chief causes of this condition is traumatism; this is especially noticeable in women of rather advanced life, who are bearing their first child; in this latter case the sacro-coccygeal articulation has become ossified, which acts as a mechanical obstruction to the normal passage of the fœtus. Again, the traumatism which follows falls and blows to this region, is common. Numerous cases are on record in which this disease followed kicks to this region. Barnes, of London, claims that in all cases it is due to retro-displacement of the uterus. Osler claims it to be a neuralgia of the coccygeal plexus of nerves. But it is doubtful that either of the above conditions would produce the constant suffering and inconvenience that is characteristic of this disease.

Symptoms.—The signs of the coccygodynia are referred to the region of the sacrum and coccyx, or, more commonly speaking, to the lower part of the spine, and are as follows: Severe pains, that are increased in severity on the slightest exertion of any kind; this is especially noticeable during the act of defecation; sitting, standing or walking all increase the woman's suffering. The act of arising from a chair is always attended with considerable pain. Severe headaches, pains in the back of the neck, insomnia, gastritis and obstinate constipation are, as a rule, present in all cases; in this latter symptom, i. e., the constipation is caused by the patient fearing to have the bowels moved on account of the intense suffering experienced during the act of defecation. On assuming the recumbent posture, the symptoms are relieved, but only to continue on the slightest exertion. Palpation over the region of the coccyx gives rise to intense pain, and slight pressure will cause agony. On exploration through the rectum, evidence of former luxations and the evidence of a traumatism will be revealed, or, if there be no evidences of former traumatism, the coccyx will be extremely tender to pressure. In all cases the coccyx should be moved from side to side, if possible, as this will reveal if there has ever been a severe luxation to the affected parts, and furthermore if the coccyx would act as a mechanical obstruction to future normal labors. To sum up all the signs of this disease in a nutshell, a thorough exploration should always be made in all cases that present themselves suffering from symptoms similar to the above. The utmost care must be taken to examine the bone, because the several diseased conditions of the rectum will greatly simulate it.

Diagnosis.—In all cases of suspected Coccygodynia the previous history of the patient should be looked into, and if there be evidences of traumatism to the parts, a careful exploration is absolutely required. There are many conditions that this disease must be diagnosed from, notably as nervous derangements, particularly hysteria, uterine displacements, especially retro-displacements, prolapsed ovaries, metritis, ulcer and fissure of the rectum, proctitis, constipation, hemorrhoids, rectocele, rectal cancer, and recto-veginal fistula.

Prognosis.—There seems to be very little spontaneous subsidence to this condition, hence the cases as a rule run a protracted course. There may be no perceptible injury to the general health of the patient, but the long continued suffering and general inconvenience will so very seriously affect her general health, that surgical measures are resorted to as a means of restoring her to a condition of general good health. A very important feature to be remembered in all these cases is that pregnancy increases the symptoms. The menapause does not exert any influence, as it occurs in the young and old alike, though being more common in women between the ages of thirty and fifty.

Treatment.—In speaking of the treatment I desire to say at the beginning that it is worse than useless to attempt to relieve this painful condition by means of the drugs that have been resorted to from time to time, they have all been proved to be utterly worthless. The operation employed by Simpson, which consists of a subcutaneous division of the ligamentous and muscular attachment of the cocycx is an inadvisable one, as its results have been very unsatisfactory in many hands. There are doubtless many cases in which Simpson's operation would prove satisfactory, but the uncertainty of its results is so apparent that I deem it an inadvisable procedure. On the other hand, the operation of total extirpation of the bone has been attended with so many good results, that I have no hesitancy in saying, that in all cases where operative measures are resorted to, that the complete removal of the bone is the only means of establishing a complete and permanent cure.

Operation for the removal of the coccyx.—As the success or failure of these operations, like all others, depends on the cleanliness with which it is carried out, the patient should be prepared in a manner precisely similar to that employed in the preparation for abdominal section. The parts that are about to be operated upon, should be gotten into as clean a condition as possible; the patient being placed in Simon's position, an incision is made in the median line starting at about an inch above the sacro-coccygeal articulation, and carried down to within one-half inch of the anal opening. This will expose the coccyx, and lower segment of the sacrum, the tissues surrounding the bones are then separated from their attachments. For this purpose a Martin's Colporrhaphy knife should be employed, as it is easy to manipulate and will separate the tissues cleanly and rapidly; then with the finger pulling the bone backwards, the underlying tissues are severed from their attachments. This being accomplished, the division of the coccyx from the sacrum at its articulation, is easily accomplished. Care must be taken in the disarticulation of the bone so as not to wound the rectum. As the removal is usually accompanied with considerable oozing of blood, sponges, or what is more preferable, gauze, having been previously dipped in hot water, should be applied. By this means we have a ready method of controlling the bleeding at once. The wound is now closed with sutures of silk worm-gut. The sutures must be passed entirely through all the underlying structures down to the rectum. For this purpose the needle that has been devised by Professor Ashton, will meet all the requirements; it consists of a heavy curved needle on a permanent handle. It has been found that the ordinary curved needles employed in these cases do not take up sufficient tissue, hence this needle is suggested for your consideration. In the introduction of the sutures, if care be taken to include all the underlying structures, the entire wound will be brought into close apposition, thus doing away with the necessity for drainage. The line of incision is dressed in the usual manner, which cousists of clean gauze held in place by adhesive straps. In all cases I would urge the use of large adhesive straps, as they act as a support to the parts as well as serving the purpose of keeping the dressing in place. The patient is made to lie on her sides or abdomen, until the removal of the sutures is accomplished. As the first few days following the operation, is, as a rule, attended with considerable pain, small doses of morphine should be given. The bowels should be moved on the fourth day, by means of an enema of Glycerine, and small enemas of Glycerine should be given each day until the wound has thoroughly healed. Under no circumstances can cathartics be employed, as the sutures will be torn out should the movement of the bowels be attended with straining. The dressing should be reapplied daily, as it soon becomes soiled with the discharges from the rectum, and if left in place too long, is prone to effect the wound, giving us a stitch-hole abscess to deal with. Should the wound become thus infected, the sutures should be removed at the end of the first week, one each day; should the wound heal without the presence of pus, it is best to leave the sutures in place for at least two weeks. The patient should be permitted to sit up at the end of the third week, and in four weeks recovery is complete as a rule. In all cases the recovery, as a rule, is an uneventful one.

In conclusion I wish to make the following remarks relative to this subject. There are doubtless many patients being treated for supposed diseased conditions of the pelvic and other organs, when the symptoms from which they suffer are due to a pathological condition of the coccyx. It is an astonishing fact that the literature of coccygodynia is so limited in amount. Like many other important minor diseased conditions, it seems to have been overlooked. Too much cannot be said as to the importance of a correct diagnosis of this disease. I would therefore strongly urge that in all cases presenting themselves with symptoms that point to a diseased condition of the coccyx, that a careful exploration be made, and if there be evidence of coccygodynia present, that complete extirpation be done, as the only means whereby a complete and permanent cure will be effected.

DIURETIC WINE FOR ŒDEMA, GENERAL ANASARCA AND DROPSY IN CARDIAC AND RENAL DISEASES.

By Joseph Jones, M.D., LL.D., of New Orleans, La.

[Written expressly for this Journal.]

Ę	3.—Fluid extract of jallapf 3 iij.
	Fluid extract of squillsf 3 iij.
	Fluid extract of jaborandi
	Fluid extract of digitalis
	Nitrate of potash
	Angelica (sweet) wineOij.
1	Sig One tablespoonful every three hours

M

JOSEPH JONES, M.D.

I have obtained most satisfactory results from this purgative and diuretic wine in the speedy and wonderful relief of the most extended dropsical effusions resulting from valvula disease of the heart.

We have also employed a diuretic mixture in dropsy resulting from cardiac and renal disease, similar to that originated by Fothergill, as follows:

R.—Spirits of chloroform	iv.
Acetate of potash	iv.
Tincture of digitalis	ij.
Infusion of buchu to make in all $f \frac{\pi}{3} x$ (ten fluid ounces).	
M et Sig Tablespoonful to two tablespoonsful every 2 or 4	hos

The infusion of cream of tartar and juniper berries will act as important aids to the preceding mixtures.

In the treatment of the dropsical effusions of hepatic, portal, cardiac and renal diseases and obstructions with purgatives and diuretics, the physician should endeavor to sustain the strength of his patient, and hence the value of the diuretic wine for its stimulant properties.

No fixed rule can be laid down as to the amount of the various diuretics and purgatives to be used in any given case—each case should be carefully examined and the effect of each remedy used carefully watched.

156 Washington Avenue, New Orleans, May 13, 1893.

MINUTES

OF THE PROCEEDINGS OF THE

SOUTH CAROLINA MEDICAL ASSOCIATION

At the Annual Meeting held in Sumter, S. C., April 19th and 20th, 1893.

WEDNESDAY, APRIL 19TH,-FIRST DAY.

The Forty-third Annual Meeting of the South Carolina Medical Association was convened at 12 o'clock M. this day in the Hall of the Masonic Temple, Sumter, S. C., Dr. W. H. Nardin, President, occupying the Chair.

The proceedings were opened with a blessing invoked by the Rev. A. J. Stokes, after which the following address of welcome, in behalf of the citizens of Sumter, was delivered by Capt. W. R. Delgar:

ADDRESS OF WELCOME:

Mr. President and Gentlemen of the Medical Association of South Carolina:

The pleasant duty has been assigned me to extend to you, one and all, a warm, generous and hearty welcome to our young and growing inland city.

Considering the advantages and attractions offered by many of our sister cities in mountain scenery and ocean-washed shores, we esteem it quite a compliment that we should be honored with the presence of so important and so distinguished a body of South Carolinians.

Coming, as you do, from all portions of our State, where different climates exert different influences on our systems, and with a full and free interchange of thought, together with the large and varied experiences and practices of each other as will be discussed at your meetings, your deliberations cannot but work untold good to suffering humanity. For it is through such organizations as the one I have the honor to address that the most good is accomplished.

Societies have been aptly compared to a heap of embers, which, when separated, soon languish, darken and expire, but if placed together, glow with a ruddy and intense heat—a fit emblem of the strength, happiness and security

derived from such union. The savage who never knew the blessings of combination, and they who quit society or societies from apathy or misanthropic spleen, are like the separate embers, dark and useless; they neither give nor receive heat; neither love nor are loved. It is good to meet in friendly intercourse and pour out that social cheer which so vivines the weary and desponding heart. It elevates the feelings and makes all the better for the world.

And now, Mr. President and gentlemen, without further trespassing upon your valuable time, and, as I have before said, as we cannot offer you the beautiful mountain scenery or the ocean views, we offer you the hospitalities of warmhearted people, and such a welcome as the citizens of the Game Cock City are always glad to extend to their visitors.

Again, on behalf of the people of Sumter, I welcome you to our homes and to the freedom of our city, trusting that your visit here will be as pleasant to you as it will be delightful to us—again I bid you all welcome.

President Nardin, in accepting the proffered hospitality, responded as follows:

SIR:—It gives us great pleasure to meet in your promising city and county, recognized throughout the State as foremost among us in progressive advancement and enlightened growth, and, while this is our first visit, it gives us great pleasure to confirm, by personal observation, the many attractive features which we have heard claimed for the Game Cock City. We know that we will have reasons to congratulate ourselves for having elected to meet here, and thank you now for the cordial welcome you have extended to us, and for the confiding hospitality with which you have introduced us to your families and homes. For the beautiful simile of the embers, so happily cited by you to show the advantages of combined action, I thank you, and hope that the gentlemen of this Association will see to it that the good impression is maintained and strengthened, and that each of us will go home resolved that our next meeting shall be even better and larger than this one, and shall endeavor to bring about this result by his efforts to bring into it every reputable practitioner of medicine in South Carolina.

Dr. Henry O. Marcy, of Boston, was introduced to the Association by the President, and invited to a seat on the platform. In acknowledgment of the compliment, Dr. Marcy made a few remarks indicative of his great pleasure at being able to be with the Association.

Drs. Rees, T. G. Simons and G. W. Morrall were appointed by the Chair to examine the credentials of delegates from county societies and report on the same.

After a recess of ten minutes, the Committee announced that the following delegates were present.

DELEGATES FROM COUNTY SOCIETIES:

Medical Society of South Carolina, Charleston, S. C.—Drs. J. L. Ancrum, F. L. Parker, T. Grange Simons, Manning Simons, M. P. Ravenel, H. W. DeSaussure, F. P. Porcher, Charles M. Rees.

Sumter County Medical Society.—Drs. J. W. Hudson, J. J. Bassard, W. J. Pringle, N. Y. Alford, S. C. Baker.

Pee Dee Medical Society.—Drs. C. Kollock, E. Miller, Jas. Evans, W. J. Garner. York County Medical Society.—Dr. Frank Strait.

Georgetown County Medical Society.—Drs. G. E. T. Sparkman, M. Iseman. Anderson County Medical Society.—Drs. R. G. Witherspoon, J. O. Wilhite.

Laurens County Medical Society .- Drs. Thos. McCoy, J. R. Culbertson.

Delegate from North Carolina Medical Society.—Dr. J. F. Harrell.

Florence County Medical Society.—Drs. Wm. Ilderton, J. H. Munn, F. H. McLeod.

Barnwell County Medical Society,--Drs. G. W. Morrall, C. D. Clarkson, L. C. Stephens, Jas. Roberts, E. L. Patterson.

The secretary called the roll and the following members responded to their names: Drs. J. L. Ancum, T. P. Bailey, A. E. Baker, J. R. Bratton, R. A. Bratton, J. O. Byrd, A. J. China, J. R. Culbertson, E. F. Darby, W. J. David, J. L. Dawson, Jr., P. G. DeSaussure, J. G. Dinkins, F. M. Dwight, James Evans, W. J. Garner, A. S. Gaubert, J. S. Hughson, M. J. Iseman, J. M. Josey, J. C. W. Kennerly, Cornelius Kollock, C. W. Kollock, Wm. Ilderton, S. S. Linder, O. B. Mayer, Jr., F. H. McLeod, Thomas McCoy, T. J. McKie, F. J. Mayes, E. Miller, G. W. Morrall, J. A. Mood, A. A. Moore, J. N. Napier, W. H. Nardin, F. L. Parker, J. F. Pearce, F. P. Porcher, W. P. Porcher, M. P. Ravenel, C. M. Rees, M. Simons, T. G. Simons, J. C. Spann, W. F. Strait, J. H. Saye, G. E. T. Sparkman, W. E. Sparkman, C. R. Taber, B. W. Taylor, J. O. Wilhite, J. C. Willcox, R. G. Witherspoon, J. C. Woodruff.

Drs. R. D. Jewett, Secretary, and J. F. Harrell, delegate from the North Carolina Medical Society, were introduced to the Association and granted the courtesies of the floor.

Dr. Jewett, as representative of the NORTH CAROLINA MEDICAL JOURNAL, placed at the disposal of the Association the pages of that Journal.

On motion of Dr. Cornelius Kollock, the North Carolina Medical Journal was made the official organ of this Association and the secretary was requested to furnish the Editors with a stenographic report of the proceedings.

The local committee of arrangements announced that the hours of meeting would be from 10.30 a. m. to 2.30 p. m. and from 4.30 to 7 p. m. and that at 8.30 to-night Dr. Marcy would deliver his lecture on Hernia before the Association. It was also announced that the annual reunion of the Survivors' Association of Confederate Surgeons would take place at 9.30 a. m. Thursday.

Dr. T. P. Bailey was appointed to serve in place of Dr. Nardin on the Committee on Ethics.

The President then read his Annual Address, on "The duties and responsibilities of the members of the medical profession":

PRESIDENT'S ADDRESS.

Gentlemen of the State Medical Association:

I beg your attention, for a short time, that I may present a few thoughts for your consideration upon the "Duties and responsibilities devolving upon each

and every member of our high and noble calling;" I was about to say, Divine calling, and this I believe to be true,

"But how the subject theme may gang

Let time and chance determine;

Perhaps it may turn out a sang,

Perhaps turn out a sermon."

Medicine is a jealous master and requires our undivided time and talent, not being satisfied with half-hearted services, which do not satisfy its demands or give the best results to those employed. Owen Meredith says:

"He that pursues one object in life, and but one,
May hope to succeed e'er life be done;
But he that would gather all things, wherever he goes,
Only reaps of the hopes that around him he sows

A harvest of barren regrets."

Let us, therefore, place ourselves in position to *succeed*; give our time and talent to advancing the science of medicine, and, while benefiting others, gain for ourselves enduring fame. Dr. Valentine Mott, "America's Great Surgeon," as he was sometimes called, said, when holding up before his class a bunch of ligatures: "I am prouder of these trophies than I would be of a General's sword won by gallantry on the field of battle, as his trophy represents the death of his fellow-man, while mine has saved life and stayed the hand of death."

Has it not been the lot of every one present, at some time, to experience a deep satisfaction, that money could not buy, at the termination in resolution of a tedious and protracted case that had caused you sleepless nights and anxious days, and this feeling, coupled with the gratitude of the patient and his friends, is appreciated as a far greater reward than even a large fee, grudgingly paid. Often we attend those who are not able to pay, with much greater satisfaction than those who pay. What other profession in this life so often offers the life, even, of its members without the hope of fee or reward, and thus follows in the footsteps of the Master, "in spirit," and thus justifies the claim already made of ours being a "Divine calling"?

Let me call your attention to a few of the duties devolving upon the physician, as such, in the every-day walks of life. The Code of Ethics sets forth the duty of the doctor to his patients and the duty of the patients to the doctor, and also directs and prescribes rules to govern our intercourse with each other, and would seem to render any attempt on my part unnecessary, since I cannot improve upon, or even equal it; but if I can impress any of its teachings and add to its stricter observance, then I will have accomplished quite as much as I expect.

The Hippocratic Oath beautifully and impressively sets forth the doctor's obligation to society. I wish that every one would study and follow out its precepts, which teach such useful moral truths; notwithstanding it was written many years before the Christian era, yet it contains *religious truths* beyond what even some professing Christians practice towards each other and towards their patients.

I would gladly have copied the Oath in full, as a part of this paper, but was unable to secure a copy, and am not willing to undertake to make an extract from it, for fear that I might, by so doing, give a wrong impression, but will beg those who have read it to do so again, and if there be any who have not read it, to do so at the very first opportunity.

Duty is often a very hard and exacting master, and no calling or profession renders half so ready a response to its demands as does ours, forgetting self, and ignoring bodily comforts. We hasten to answer the call for help, whenever or wherever made, regarding neither the winter storms nor the summer suns, not avoiding the contagious and infectious diseases, but even going to distant cities and towns to help stay the ravages of severe epidemics, as some now present with us, have done; quitting home and its comforts to dwell among the afflicted, and how often, do we hear of the Physician contracting a fatal disease from his patients. Again I ask, does any other avocation in this life make such severe demands upon its followers, and call it duty? I think not, and with all this, the people generally seem to never stop to consider these facts. A doctor was called upon by a man to visit a person five miles distant and take charge of a case of Pneumonia, in the person of "a very worthy poor woman," said the man who invited the call; the patient was unknown to the doctor. "So," he said, "you seem to know this person. I suppose that you will pay for the medical services." "Oh no," said he, "I cannot pay the bill. She is nothing to me." Meaning of course that he was not legally bound for services rendered to her. When the doctor replied: "She is known to you, and you come and say she is worthy, must I do your charity?" and only then it occurred to him what he had asked. Now this I take it, often happens; the doctor is expected to do work for another man's neighbor, and they do often, without complaint-without pay-save that which comes of a duty performed.

When the toils of the day are over, and night finds him without an urgent call to attend to, you will find him poring over book or magazine endeavoring to store to his mind for the better work on the morrow, seeking to profit by the writings of others whose opportunities have been better than his for observing the action of remedies or the course of disease. Dr. Bedford in his lectures said that, "It is not a good excuse for a doctor to say he did the best he could." Which is generally accepted in all other callings as a fair and reasonable excuse—but is inexcusable in a doctor, "he should know and do the best that could be done."

This sounds very well and no doubt is the proper thing to teach, but I have found out that very few know every time the best to be done. And if Dr. Bedford were alive to day and could step again upon the world's stage and behold the changes that have taken place, methinks that he would wonder how it was possible that his patients did so well and so many recovered when so much was left undone that now is considered absolutely essential.

I am not prepared to deny that many improvements have been made in the methods of treating surgical and obstetrical cases, by asepsis or antisepsis, especially the former, but feel some hesitancy in admitting that the aseptic or antiseptic methods are alone the cause of the decrease in puerperal and surgical fever and the lower death-rate.

Of course all have read and some studied the antiseptic treatment, and perhaps some one has felt as I did when I read the chapter on aseptics and antiseptics in a work on Obstetrics, written by Dr. E. P. Davis, in which he insists with so much force as being absolutely necessary, and would hold the doctor culpable, who failed to carry out minutely the many details of this aseptic treatment, and would hold him responsible for any mischief that might occur to the puerperal woman entrusted to his care, that I was almost ready to give up in despair and never undertake to manage another case of delivery or perform another surgical operation. While Dr. Davis says that no one should attempt to attend upon a case unless he has all the necessary articles at hand, he gives the following list: "He should have at hand a basin containing a solution of Bichloride of Mercury, 1 to 2000, in which pieces of absorbent cotton or old linen are immersed, which are to be pressed against the perineum and used in cleaning it," which would take away the mucous secretions which nature furnished to lubricate the parts and retard rather than assist nature, also "Squibbs fluid extract of ergot, brandy, a hypodermic syringe, tincture of strophanthus, tincture of digitalis, aromatic spirits of ammonia, antiseptic ligatures for the cord." Having already used a vaginal injection of Bichloride of Mercury, 1 to 5000, "the physician should bathe his hands in a bichloride solution everytime he makes a digital examination," and he should further be equipped with a stethoscope, a pair of scissors, a blunt pointed bistoury and a pair of hemostatic forceps and if it is feared that exhaustion may result from long continued labor, it is well to give the patient frequent hot douches of a 1 per cent, solution of carbolic acid or 1 per cent, solution of creolin, or a 1 to 10,000 bichloride of mercury solution, which would require a number of basins beyond what could be found in many houses in the country. Now all these preparations would have to be made very early in the labor or a number of assistants required beyond our ability ever to obtain in a town or country practice, because when the pains become severe, the suffering must be relieved with chloroform, and in my practice, I find that the doctor must attend to giving the chloroform and that will keep him busy until the patient is so much under the influence of the anæsthetic as not to care, and the doctor can then trust it to any discreet person present while he guards the perineum as the head passes. I have generally found that I had very little spare time for attending to these various, "so called" duties, and feel satisfied that if all these things are essential, that very few country physicians would ever be ready to attend a call, Often when suddenly called upon, we feel happy if in our satchel we find a two ounce vial of chloroform and a like quantity of fluid extract of ergot or some similar preparation, and never such a thing as an antiseptic of any kind. And even if we had all these necessaries and full time for their administration, I do not think the poor suffering woman would have strength to withstand so much interference and would be worse off than if left quietly alone to rest between the worrying first pains of labor. I am fully persuaded that much of all this should be called "meddlesome midwifery." In hospitals with trained nurses and every appliance at hand, the combined staff of physicians and nurses may be able to carry out all these measures but not so in a country practice. These are no doubt

extreme views and are considered necessary by Dr. Davis, but not by others. "Asepsis" is generally advised by all, but the method differs. Every doctor will without hesitation declare his firm belief that only good can come from the free use of soap and water on the hands of the accoucheur and cleanliness rigidly enforced everywhere. While one teacher advises the use of carbolic acid, as a vaginal wash as long as the lochial discharge continues; another says, use only one vaginal injection immediately after delivery and that more are useless, and still another says that according to his experience these vaginal injections light up septic troubles and are positively injurious. These conflicting opinions often leave us uncertain at to our duties. I do not wish to underrate the good there is in aseptic or antiseptic methods, but wish to point out the difficulties in the way -to my mind-of carrying them into effect, and that they may be simplified so as to secure the good to the patient, and be possible of execution by the physician, or the latter so educated as to see the necessity on his part of a fuller compliance with the rules set forth. And just here, gentlemen, so nicely comes in the great benefit of the State Medical Association, whose object and aim it is to bring together from all parts of this State every regular licensed practicing physician, that discussion may be had and views expressed upon any and all points in Medicine and its various branches, that those doubts may be expelled, and duty made plain and the individual member and his whole community will be benefited, for educating the doctor enables him to give better and more skillful treatment to his patients, and gives him pleaseure in doing good to others knowing the fact, not simply following out routine methods, "waiting developments."

I hope the time will soon come when the name of every physician practising in this State will be enrolled as a member of this Association, and then will the county societies build up and petty jealousies be done away, and we shall all "dwell together in the unity of peace." Should an unworthy member find his way into the Association then let him who first finds out the fact, be first to report it; let the offender be tried, and, upon conviction, expelled; so that the fact of a name being upon the roll shall be an evidence of his worthiness. I look back upon the meetings in the past of the State Medical Association that it has been my privilege to attend, as among the pleasantest days of my life, in the knowledge gained and the pleasant acquaintances formed. I never returned home without being more in love with my profession and feeling that its duties were less burdensome. It is one of our plain duties to put forth every effort to build up the Association; with this in view, I would recommend the appointment of chairmen of sections on Medicine, Obstetrics, Surgery, Hygiene, etc., etc., and make it the duty of each chairman to procure as many papers as possible upon his particular section, instead of, as now is the case, expecting "one paper by the chairman." These papers should be short, practical papers, as lengthy or very scientific ones would have the effect of preventing many of the members, whose duties would not allow them much time, from undertaking to give us much valuable information in their possession, that would be practical and helpful in our every day work. Lengthy and learned papers, upon rere and infrequent diseases, and capital surgical operations are well enough once in a while, and will

please and entertain a few who can operate skillfully and write up the case well, but short practical papers will please the many. It will pay better to be able to set a fractured arm well, or cure a "bad cold" skillfully, than to spend all your time preparing to perform a laparotomy that may never come your way. Then appoint two or three members to discuss each subject, and, as now, inviting every member upon the floor to take part in the discussions who may feel so disposed; and this is one of the most attractive features of the meetings and is enjoyed by all the members that I have heard express themselves upon the subject.

While duty demands of our profession so much—to restore lost health—it makes even a higher demand upon us—that we prevent diseases by studying the laws of hygiene and sanitation, and be able to instruct those whose health has been placed in our care how best to preserve it, and not simply to restore it when lost. It is easier sometimes to prevent than cure, for there are some diseases that in their incipiency present so few trustworthy symptoms as not to be fully recognized, and when unmistakable symptoms appear, then such ravages have taken place as to make them incurable.

When the prediction was made, many years ago, by one full of faith in the science of medicine, "That cancer and consumption, now considered incurable, will one day be so well understood and so early recognized, that they will be cured," it was no doubt received with a smile of incredulity, but recent developments and discoveries have made a long stride in that direction. The tubercular bacillus and its destruction by the methods recently proposed, notwithstanding they at present seem to have fallen into disuse, yet I feel confident that the day will come when this effort will be better understood and appreciated, and that this will be the beginning of a grand forward movement in the treatment of this fell destroyer, that now seems to defy all the best laid plans to overthrow it, or to wrest one victim from its clutches.

All of us cannot give our time, nor have we the talent, to pursue these scientific investigations, but it is our duty to be able to appreciate the good in the investigations set forth by the scientist, and this Association is a school in which we may prepare ourselves to understand and appreciate much that we were before unable to digest, as our association here with the learned and studious doctors, will stimulate us to better things for ourselves, and we should join hands with any and all who are striving in this same direction. I am proud to say that the South Carolina Medical College stands among the first in the land to take steps in that direction, and, while she can with great pride point to many illustrious names who were trained and taught within her walls, she is not content to live in the past alone, but wishes to stand in the front ranks and continue to send forth those whose names may still add to her fame.

It seems very hard, indeed, to get our Legislature to repeal a law that even they are satisfied is not what we need. I refer to the act creating a "County Board of Medical Examiners." Governor Tillman, in 1891, recommnded its repeal, but it was not done. Again, in 1892, the matter came up, and was passed by the Senate and sent to the House of Representatives, who had to amend and

return it to the Senate for its approval, which failed, and a committee of conference of the two houses was appointed, and they also failed to agree, and the repeal was again lost, and matters now stand as before, to the satisfaction only of any incompetent doctor who may now be engaged in the practice of medicine whose license could not have been obtained from any competent Board having the right to inquire into the fitness of the applicant.

The State Board of Health also asked for an increased appropriation that she might the better be prepared to prevent an epidemic of cholera in our State. Owing to the prevalence of cholera in France, Italy, Germany and Russia last summer, and its continuance even now, and the prospect of visitors to the World's Fair from all parts of the world makes it necessary that precautionary measures should be taken to prevent a "wide spread," should any of these visitors unfortunately bring with them the seeds of this disorder. With all the care of the New York quarantine last year several cases landed and spread to a limited extent. Should it break out again this summer, it is likely to begin earlier in the season and spread more rapidly as has been the case across the water; beginning mildly, to increase in severity the longer it lasted. The petition was denied and the Board of Health can recommend and suggest the proper measures, as has been ably done by one of its members in a circular, (No. 12) "Precautions against Cholera." Dr. Strong says that, "Progress and enlightenment travel westward," it seems that Cholera, La Grippe, etc., have the same tendency. We should also have some better measures for obtaining data for "vital statistics," and I would recommend increased efforts on the part of every member and suggest that each one use his personal influence upon his county Senator and members of the Legislature showing the necessity and benefits to be derived from the enactment of proper laws, and I think that much good might be accomplished. I am satisfied that often the members' time during the session is so much taken up with political matters that these measures are passed by without much thought being given them, when if they clearly understood the nature and importance of the matter they would sustain and vote for them. Let us not be discouraged, but try again.

In conclusion, let me call your attention to one more duty, although mentioned last, by no means the least. It is the duty of following the example and teachings of the Blessed Master, who has been called the "Good Physician," and whose life was spent in a large part in healing the sick, cleansing the leper, restoring sight to the blind and making the lame to walk, and as our worldly calling places us in this same situation, we should strive to be followers, walking in His footsteps and being led by His Spirit.

How often does it become our sad duty to stand by the bedside of the dying man, feeling that all human aid is powerless to stay the hand of death, and wishing that we were able to render any help possible, does it occur to you that Euthanasia might do, and then a doubt comes up, and you look for something else? Did you ever seriously dwell upon the influence of a "word fitly spoken in due season," what comfort it brings? If so, I am certain you will agree with me that it is a duty we owe to our patients, to be able and willing to administer spiritual consolation and point out the many promises of future good, that will take away the sting

of death, even. Some one may say that this would be assuming the duties of the Priest. Excuse me if I insist that the two professions are so nearly alike allied that he who is nearest both is best. And this spirit it seems animated the celebrated Dr. Rush, of Philadelphia, for when during an epidemic in his city he was requested to visit a rich man's family, he said I cannot, I am too busy, the man said, "Doctor, you are visiting poor people who cannot pay you a cent, only go to my house and advise me what to do and I will pay you any price." Dr. Rush still declined, and said. "The Lord pays the poor practice."

I am glad to know that there are many members of this Association whose names I see mentioned as taking part in advancing the interests of religion and thus obeying the injunction. "Let your light so shine that others seeing your good works, may glorify your Father which is in Heaven." And I wish we were all so doing.

On motion of Dr. Miller, the President was authorized to appoint a special committee to consider the suggestions made in the address.

The Treasurer submitted the following report, which was received as information:

TREASURER'S REPORT.

CHARLESTON, S. C., April 17th, 1893.

Ø 20 44

To the Officers and Members of the South Carolina Medical Association:

To balance on hand April 20th 1802

Gentlemen:—I would respectfully report that the books and accounts of the Treasurer have been submitted to the Committee on Accounts, who, having examined them through its chairman, duly report that the accounts are correct and properly vouched. The following statement will show the receipts and expenditures since the last report.

To cash received from April 20th 1892 to April 17th 1893,					
Total\$435 04					
FYPENDITURES					

EXPENDITURES.

By cash expended f	rom May 2n	d 1892 to March 281	h 1883,\$312 53	
Ballance on hand A	April 17th 18	93,	\$122 51	

The following accounts have been carried over from last year, and are still unpaid.

Balance to The Walker Evans & Cogswell Co., for publication of last year's Transactions and other articles purchased by the Secretary
during the year
Engraving of Dr. Kinloch,
Edw. Perry & Co., for stationery, 7 65
\$333 65 For the prize offered by Dr. Price, 45 00
Total\$378 65

There is a balance now in the bank \$122.31, from which the expenses of this meeting will have to be deducted. The treasury of the Association has been entirely exhausted, and there are a number of bills yet unpaid. The cost of the engraving of Dr. Kinloch, \$135,00, was advanced by Dr. T. Grange Simons, of which not one dollar has been returned. I would state this want of money in the treasury is due to the fact that very few of the members have paid their annual dues, the income to the Association being for the past year barely more than half of what it was in former years, and there being a large number of names to be dropped from the roll of membership for being over two years in arrears. There are pressing demands upon the Treasurer for money. I leave it the Association to decide how this deficiency shall be met.

I would respectfully state that the following named members, being over two years in arrears, and having failed to settle, after being duly notified of their indebtedness, in accordance with the By-Laws, have been stricken from the roll of membership:

E. T. Barrentine, B. A. Henry, W. S. Hood, B. E. Martin, J. H. Miller, Thomas Legare, H. Sloan, W. T. Jones, H. S. Beatty, M. L. McFarland, B. F. Wyman, D. C. Scott, M. W. Culp, A. D. Williams, H. H. Wyman, J. C. Harris, D. M. Crosson, S. L. Swygert, T. P. Edwards, J. W. Hill, B. J. Truesdale, H. W. Kearse, A. L. Izler, H. B. Lee, D. W. Youngblood.

Respectfully,

CHARLES M. REES, M.D.,

Treasurer So. Car. Medical Association.

In response to a request from the Chair for a more concise statement of the financial status of the Association, the Treasurer made the following report:

In bank, to the credit of the Association	\$122 51
Total present indebtedness\$378 65	
Estimated expenses of this meeting 500 00	
Total \$878 66-	-\$122 51

Members in arrears were requested to pay their dues without further delay.

The Corresponding Secretary, Dr. M. P. Ravenel, submitted the following annual report, which was received as information:

CORRESPONDING SECRETARY'S REPORT.

To the President and members of the Medical Association of South Carolina:

GENTLEMEN:—I beg to report the following publications which have been received by me in exchange since our last meeting;

Proceedings of the Florida Medical Association.

Twenty-fifth Annual Report of the Cincinnati Board of Health.

Consular Reports No. 146.

Proceedings of the Nebraska State Medical Society for 1892.

Transactions of the Mississippi State Medical Association for 1892.

Report of Special Committee of the New York Chamber of Commerce on Quarantine during the Cholera of 1892.

Transactions of the Texas State Medical Association for 1892.

Mortality Statistics of the City of Cincinnati for February, 1893.

Transactions of the Maine Medical Association, Volume XI., Part I., 1892.

Transactions of the Medical Society of the State of New York, 1892.

Transactions of the Medical Society of Rhode Island, Volume IV., Part IV.

Transactions of the College of Physicians of Philadelphia, Volume XIV.

Proceedings of the American Pharmaceutical Association for 1892.

Transactions of the Minnesota State Medical Society for 1892.

Transactions of the Medical Society of New Jersey for 1892.

Transactions of the State Medical Society of Wisconsin for 1892.

Transactions of the Medical Society of Virginia for 1892.

Transactions of the Michigan State Medical Society for 1892.

Respectfully submitted,

MAZYCK P. RAVENEL, M.D.,

Corresponding Secretary.

The Secretary at this point made a statement in regard to his failure to obtain excursion rates for delegates of this meeting.

He said that he had written several letters on this subject to Mr. M. Slaughter, Commissioner of Railroads at Atlanta.

This gentleman, however, had refused to lower the railroad rates unless there would be over one hundred members of the Association in attendance, which number it was impossible for the Secretary at that time to guarantee.

The Secretary regretted that this had occurred, and was desirous that the Association should understand the matter.

Dr. A. A. Moore, the Chairman of the Committee on Necrology, then submitted the following report:

· NECROLOGY.

DR. PHILIP A. WILHITE.

Again death has invaded our Association, and to-day we are called upon to lay a memorial offering upon the grave of our departed friend and valued member, Dr. Philip A. Wilhite, of Anderson, S. C.

He was born in Madison county, Georgia, June 6th, 1822, and having died June 6th, 1892, he had reached the ripe old age of three-score years and ten. His mother having died during his childhood, he was left to the sole care of his

[To be continued.]

MINUTES

-OF THE-

FORTIETH ANNUAL SESSION

OF THE

MEDICAL SOCIETY OF NORTH CAROLINA.

TUESDAY, MAY OTH.—FIRST DAY.—MORNING SESSION.

The Fortieth Annual Meeting of the Medical Society of the State of North Carolina was convened in the city of Raleigh on the 9th of May, 1893, in the House of Representatives.

The Society was called to order at 11:30 o'clock by Dr. James McKee, Chairman of the Local Committee of Arrangements, Dr. J. W. McNeill, of Fayetteville, the President, occupying the Chair, and Dr. Robert D. Jewett, of Wilmington, being Secretary.

Prayer was offered by the Rev. Dr. M. M. Marshall, Rector of Christ P. E. church.

The Hon. Charles M. Busbee delivered the following

ADDRESS OF WELCOME.

Gentlemen of the State Medical Society:

It is to me a grateful duty to comply with the request of my friends of the Academy of Medicine of this city and to extend to you their welcome and their abundant hospitality.

I desire also to give you the cordial salutations of our people. We greet you as the distinguished representatives of a profession which, next to the Christian

ministry, is the highest and most honorable.

And I am glad to welcome you as North Carolinians to your capital city. Here historic memories cluster; here progress and prosperity rule the hour; here culture and patriotism abide; here are found a people who sympathize with every endeavor to promote professional and industrial advancement.

We are proud of our city—of its people and its history—and we are especially proud of the physicians who minister to our needs. We render them just tribute and hold them in continuing and affectionate esteem.

We trust that your stay among us may be pleasurable; that your session may be harmonious and productive of good. You have not gathered here in pursuit of political honors or individual fame or personal profit. You have come to deliberate in the interests of humanity; to strive for larger and keener knowledge; to keep even step in the march of scientific progress; to consider questions that underlie and involve the preservation of health and human life. You come as scientists and humanitarians.

As such we salute you with sympathetic hearts. Your profession is one of constant development. New discoveries, new methods, new remedies, for the healing of the people, follow quick upon each other. The fight between completer knowledge and the ills of life goes daily on. More and more frequently is the enemy dislodged in his strongholds. The power to heal is an ever widening power. Marvelous are the resources of the well-equipped modern physician.

The faithful physician keeps abreast of the times—in the vanguard of those who search—alert, inquiring, patient, forgetful of self, always striving for clearer light. The quacks and charlatans who abound and defile, only bring out in brighter radiance the character of the true physician.

And so these annual gatherings are necessary and commendable. Truth is brought to light by the impact of careful discussion; error is detected in the crucible of disputation. The doctor who does not mingle and debate with his brethren becomes a laggard in the race, as useless as the vermiform appendix, and frequently as fruitful a source of danger.

There are many things for this body to consider. Let me mention one. To the physicians of North Carolina do her people look for the preservation of the public health. The Old World is filled with the germs of cholera; the invasion of this Continent by the deadly bacilli of that plague is threatened during the coming months. Upon you do our citizens rely for their protection. Prevention is better can cure. The prophylactic treatment is safest. The State, by recent legislation, has conferred large powers upon the various boards of health, State, county and municipal. These powers, which have been freely but wisely given, are not criticised. Despotic authority is manifestly proper when cholera knocks at our gates or endeavors to enter without knocking. The health boards are controlled and their functions are performed by yourselves.

I believe that the duty resting upon you will be faithfully discharged. You cannot evade the responsibility. I believe that you will meet it with intelligence, with devotion and with success, and that, by the strict observance of all sanitary laws, by measures of wise precaution, by the skillful guarding of the outposts, and by unremitting exertion, you will save North Carolina from the ravages of that dread malady which follows the fatal footsteps of the Wandering Jew.

But I must not unduly detain you. Again, I extend to you the hearty welcome of our physicians and our citizens. I am authorized by our worthy Mayor to tender you the freedom of the city. Your freedom is unfettered save by one

condition. May I say, in the language of Holy Writ, "All that we have is yours, but spare our lives."

On behalf of the Society, Dr. George W. Long, of Graham, made the following

RESPONSE:

It would make me proud on any occassion to act as the representative of this Society. I have been profoundly impressed at the singular hospitality with which it has been received in its migrations from one end of the State to the other. The welcome which the City of Oaks has so graciously extended, through its gifted representative, touches responsive chords in our hearts like those which a mother's welcome stirs within a man who comes back to the Old Homestead with his children.

This Society was born in Raleigh about forty-four years ago under the auspices of McKee, Haywood, Williamson, Strudwick, Johnson and other illustrious names I cannot now recall. We have multiplied into a family of several hundred and we return to honor the place of our birth. We respond gratefully to every sentiment of welcome and to every beautiful word of praise which has been so cordially and gracefully uttered. We represent a majority of the Counties of this Commonwealth, and more than a majority of the healing virtues for the best citizenship on the globe. The forty-four years of our history have not left us behind in the march of universal progress.

Hippocrates emancipated medicine from superstition in a period of great intellectual development in Greece, and this society represents culture as well as skill. He was held in high veneration by the Athenians, and Appelles was born upon the same isle of the sea. What Appelles was as an artist, Hippocrates was as a physician. The history of medicine places our profession among the foremost in rank and usefulness.

In our early history, towns extended free hospitality in our entertainment; but to-day our body is too large for that, and too well paid (?) to accept it. We have not only increased in numbers, but we have reduced quackery, developed skill, increased culture, exalted professional honor, and raised the practice of medicine to a plane of excellence which diminishes disease while it administers relief to the afflicted. In the field of investigation there has been a steady growth as seen in the contributions to medical literature by progressive members. In addition to all this, the society has brought the State together in more fraternal relations, and made the wembers broader in all that pertains to the profession. Modern means of travel spread diseases, once local, over the entire State. The local doctor is, therefore, too narrow, too limited, and this society meets that by comparing, discussing broad living questions, and by informing and inspiring its members. The competent physician now knows how to treat disease in mountain, in valley, and by the far sounding ocean. Moreover, we have secured legislation in behalf of the unfortunate, and thus our people are protected against incompetent and unscrupulous men. Quarantine seeks to prevent those scourges which invade Asiatic and European countries. Science and State powers are invoked, and professional exposure is offered, whenever necessary, to prevent cholera from invading our fair shores and afflicting our happy people. Wholesome sanitary laws and boards of health guard local and internal interests. We are proud of our birth-place and our noble history. The centennial of the Old Homestead last year thrilled our hearts, and we rejoice in her material and social progress, her culture and moral strength. We believe Raleigh is proud of our growth and influence, and we accept her courtesies with the sincerest and most grateful appreciation. Her twenty-five manufactories, her twelve printing places, her splendid schools and churches, her asylums and other State institutions, indicate permanance and future advancement. The very air of this city is balmy and delicious with fragrant flowers. May loveliness adds poetic charm to park and lawn, and to palatial residences reposing among grand oaks and leaf-crowned maples. Her splendid physicians, the culture of her citizens, and her beautiful women and skill and virtue add grace to her society. The blue sky canopies no lovelier city, and the stars of the firmament took down upon no worthier people.

And last but not least of the noble tributes due to this glorious Capitol City, is that springing from the memory of the honored name she bears. It is especially proper to recall that name in this year of memorial festivity and splendor. above Spanish title and Italian courage, above the generous gifts of queens and the brave self-sacrifice of the Great Navigator, endeared to North Carolina, by his brilliant life and marytr death, his genius shining like a star over land and sea, the planting of the virgin blossom of his fame on our silent shores, and by the mystic shrine for fadeless worship wherever the English tongue is spoken, stands the name of Walter Raleigh. This, after all, is your noblest title, your richest possession. Like a strain of music, that has lingered among the hills and faltered among the valleys, let that name rise upon every wind that visits our shores. And while the great war guns utter the praise of the gallant sailors of Palos, and by the lakes of the North the wealth, intelligence and beauty of the world gather to honor him who died an Admiral of Spain, let us honor him, who having made the world his debtor, died a poor captive to English indignity and oppression. And from the wave-girt isle of Roanoke, where the sweet memory of Virginia Dare lives forever, and from the milk-white beach, where the gallant keels of Raleigh lingered long ago, will come the eternal spirits of History, the loving children of remembrance, to concentrate and sanctify our devotion.

As the first regular order of business, the Society listened to the reading of the President's Address. (See next issue of JOURNAL.)

On motion, the Address was referred to the Publication Committee and a committee of five, consisting of Drs. J. A. Hodges, J. H. Tucker, W. R. Wood, J. A. Reagan and J. J. Summerell, was appointed to take into consideration the suggestions contained in the Address, and report to the Society before its final adjournment.

Dr. Hodges asked to call the attention of the Society to the fact that applicants for license before the Board did not hear from their examination in time to join the Society, and that in this way the Society, lost a good many members and these applicanis lost the benefit of membership. He offered a suggestion to the

effect that the applicants be allowed to sign and pay their initiation fee before they heard from their examinations, and that incase of failure the money be returned.

Suggestions were offered that the Society's books might be left with the Secretary of the Board of Examiners and the successful applicants who desired to join the Society might pay their fees to that officer. Also that the Board be requested to hold their meetings a few days earlier so that the papers might be acted on before the adjournment of the Society.

Objection was raised to the former, that applicants for membership must appear before the Committee on Credentials; and to the latter, that the law required the Board to meet at the same time with the State Society.

Dr. Reagan stated that he had been informed by the Attorney General that it was only necessary that the Board continue their session until the Society meets; that they could meet before the time for the Society meeting, if they think proper.

Dr. G. W. Long announced the presence on the floor of Dr. John H. Harden, who came as a delegate from the South Carolina Medical Association.

Dr. Harden was extended the courtesies of the floor and invited to participate in the discussions. In responding, he expressed pleasure in being able to meet with the Society, and brought fraternal greetings from his Association.

The President appointed as the Committee on Credentials Drs. K. P. Battle,

J. M. Hays and A. W. Knox,The President appointed on the Committee on Finance Drs. W. H. H. Cobb,S. D. Booth and Thomas Stamps.

On motion of Dr. McKee, the Secretary was instructed to a send a telegram of fraternal greeting to the Louisiana State Medical Society in session at New Orleans.

It was moved that gentleman present who had been previously favorably acted upon by the Committee on Credentials be permitted to sign the Constitution. Adopted.

Dr. Summerell offered the following resolution, and the Secretary wss instructed to forward a copy thereof to Dr. Pittman by Telegraph:

Resolved—The Medical Society of the State of North Carolina having heard of the illness of our venerable fellow member, Dr. N. J. Pittman, of Tarboro, with sorrow do hereby extend to him our heart-felt sympathy and do hope that he may be soon restored to his accustomed health.

The Secretary read a letter from Mrs. Oscar Gregory, stating that her husband, Dr O. Gregory, a member of this Society, was detained at home on account of complete paralysis of one side, and expressing his earnest interest in and best wishes for the welfare of the Society.

On motion of Dr. Booth, Dr. O. Gregory, was released from the payment of all dues.

An invitation was read from Dr. William R. Wood, the Superintendent of the North Carolina Insane Asylum. The thanks of the Society were returned to Dr. Wood for the invitation.

On motion the Society adjourned until 3 o'clock p. m.

FIRST DAY-AFTERNOON SESSION.

Society called to order by the President at 3 o'clock.

Report on Practice of Medicine was called for, and was read by Dr. Anderson, in the absence of the Chairman, Dr. E. M. Summerell. (See later issue.)

On motion the paper was referred to the Committee on Publication.

Dr. Thos. Stamps then read a paper on Cerebro-spinal Meningitis. On motion, it was referred to the Committee on Publication.

Dr. A. M. Ballard, read a paper entitled, Vis Naturae et. Vis Medicatrix Naturae. (See later issue.)

During the reading of the paper, the President interrupted the author to say that he was called away to his home, and no vice-president being present, he requested Dr. W. H. H. Cobb to occupy the chair during his absence.

Dr. Ballard's paper was discussed by Dr. O'Hagan, and referred to the Committee on Publication.

Dr. R. H. Lewis introduced Dr. Joseph A. White, of Richmond, Va., who was present as a delegate from the Virginia Medical Association. He was invited to a seat with the Society and to participate in the proceedings.

Dr. White accepted the courtesies extended him and expressed much pleasure in being present. He brought fraternal greetings from his Association.

Dr. R. H. Whitehead, as Chairman of the Section read a report on Gynaecology. (See later issue.)

The paper was discussed by Drs. Long and Hodges, and referred to the Committee on Publication.

Messrs. J. H. Bobbitt, J. I. Johnson and B. W. Hunter, all of Raleigh, presented their certificate as delegates to the Society from the North Carolina Pharmaceutical Association, and were invited to take part in the deliberations of the Society.

The Secretary read an invitation from the Ladies' Memorial Association in Metropolitan Hall. Also one from President Alex. Q. Holladay, of the College of Agriculture and Mechanic Arts, inviting the Society to visit that Institution.

The Secretary was instructed to write to the Secretary of the L. M. Association expressing the thanks of the Society for her kind invitation and accepting the same. Also, that he write to President Holladay declining his invitation with thanks, the great press of work rendering it impossible for the Society to accept it.

Dr. Hodges stated that there were no members of the Pittman Prize Committee present, and that there were several essays presented in competition for that prize, and asked that a new committee be appointed; or that two members be appointed to act with one of the present Committee who would be present tomorrow.

The President appointed Drs. R. H. Whitehead and J. F. Miller to act with Dr. H. T. Bahnson on the Committee on Pittman Prize.

Dr. Hodges called the attention of the Society to the North Carolina Medical Journal, stating that he felt less hesitation in doing so, since the President in his address had spoken of the duty of the Society to the Journal, and especially as it was the official organ of the Society. He expressed the hope that the

members of the Society would co-operate with the Editors of the JOURNAL in bringing the work done by North Carolina physicians and snrgeons more to the notice of the world, and this they could do by writing for the JOURNAL and reporting their cases. There is just as good work done in this State as there is anywhere in the world, if the men who do the work would only let their lights shine. The Editors had demonstrated to their satisfaction that they would have no trouble in securing all the original matter they could use from eminent men in the North, but it was their aim and determination to make known the achievements of our home talent.

Dr. R. H. Lewis endorsed the remarks of Dr. Hodges and highly complimented the present management of the JOURNAL, for the energy and enterprise displayed in improving it, and thought the members of the Society should support it, not only with their contributions of papers, but also with their subscriptions.

The Secretary read a communication from Mr. Henry T. Hicks, a druggist in the city of Raleigh, enclosing an article which he asked to have read before the Society.

On motion, the Secretary read the paper written by Mr. Hicks as follows:

THE PHARMACIST AND THE PHYSICIAN,

During the last few years there has been a gradually increasing appearance of strained relations between the Pharmacist and the Physician, and unfortunately in a great many cases it is not without reason.

The Apothecary assumes the role of doctor and treats all manner of ills and even ventures upon surgery sometimes.

The Physician, on the other hand, carries a stock of tablets and granules for trade profit or to coerce the Apothecary. And also prescribes many different kinds of ready made prescriptions—proprietary scientific compounds so-called.

The causes of these conditions appears to the writer to be as follows: The Pharmacist is partly led and partly driven into "counter-prescribing." His desire to accommodate a friend or customer, or perchance a poor person who really has no money to pay a physician, and who does not want to be an object of charity, leads him to "counter-prescribe." His desire for gain may also sometimes lead him into this evil.

He is driven to "counter-prescribe" sometimes by a combination of the foregoing causes, but more frequently by the accumulation of proprietary remedies which physicians have prescribed and which are highly recommended by physicians all over the country, for all manner of ills, but which have ceased to be in demand and are dead-stock and must be "worked off."

The physician uses these ready made prescriptions: (1) Because he has been so busy studying the nature and causes of disease that he has allowed some one else to write his prescriptions in advance and tell him when to use them (2) It is far easier to write for a compound medicine by a simple name than to specify each ingredient and its amount e.g. Paregoric, Elixir Adjuvans, etc. (3) He has been led to believe that a large proportion of pharmacists are not competent or have not the apparatus for compounding elegant and scientific preparations.

The remedies for these abuses are easier to prescribe than to administer, but it may be done if we attempt it in earnest.

The pharmacist should have good education and thorough training in his special branches. He should have his store fitted up with due regard for accurate and rapid work. He should have a good supply of chemical apparatus and analyze his medicines and guarantee their purity and strength.

He should avoid "counter-prescribing" in all forms, beginning with that form in which he is required to diagnose, and finishing with that form in which the customer diagnoses for himself.

The physician should extend to the competent pharmacist the privilege of dispensing his own preparations of like essential formula when proprietary mediacines are prescribed. He should not carry a stock of medicines for profit or coercion; but instead use every opportunity, consistent with professional dignity, to express his approval or disapproval of the true or "quack" pharmacist, respectively. He does this in the case of the "quack doctor," then why not in that of the druggist?

That these remedies can be applied admits of no doubt.

We must correct these evils, or in a few years they will assume such proportions that what is practiced now to a very limited extent will become common, viz: the physician will carry a full line of tablets and granules, and the pharmacist will have a free consulting "doctor." Either of these conditions would be thoroughly unprofessional and unbusiness-like.

Respectfully submitted,

HENRY T. HICKS, Raleigh, N. C.

The report on Obstetrics being called for, was presented by the Secretary, and in the absence of Dr. J. H. Marsh, the Chairman of the Section, was read by title and referred to the Committee on Publication.

By invitation, Dr. J. A. Hodges exhibited a case sent to him for diagnosis, and which he said was one of those cases of anæmia with which members were so familiar. The anæmic murmur was very distinct. The boy had been taking digitalis and iron in large quantities, and he presented the case only to show the uselessness of pouring in such large doses of iron as the text-books advocate in all these cases. The boy had not improved at all under the iron treatment. The bowels were constipated by it and the secretions blocked up. He had never had any form of low fever or any constitutional disease to lead to this condition. He would suggest as the proper external treatment, massage and cold water baths. As internal treatment, he would suggest digitalis or strophanthns with the bitter tonics, and the syrup of hydriodic acid.

The Committee on Credentials made a partial report. Adopted.

Dr. Jones made a verbal report of a case of Peritonitis.

On motion, the Society adjourned.

[To be continued.]

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., J. ALLISON HODGES, M.D., Editors and Proprietors.

The subscription price of this JOURNAL is \$2.00 a year.

This JOURNAL is published on the fifteenth of every month, and any subscriber failing to receive his copy promptly is asked to announce the fact to this office.

Cuts will be provided for any original communications (sent to this JOURNAL only) requir-

ing illustrations, free of cost to the author.

Specimen copies will be mailed to any address on application from a subscriber Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed

reports of their meetings to the JOURNAL.

Remittances should be made by P. O. Order, Draft or Registered Letter, payable to the

NORTH CAROLINA MEDICAL JOURNAL

All communications, either of a literary or business nature, should be addressed to the NORTH CAROLINA MEDICAL JOURNAL, P. O. Drawer 810, Wilmington, N. C.

Editorial.

Our readers will notice that our regular departments have been crowded out in this issue, owing to the large quantity of original matter printed. As it is all new and fresh, however, we are assured that this issue will be as acceptable as it will be interesting. The July number will contain the usual departments allot ted to the various branches of medical and surgical literature, and also many valuable original articles.

There were numerous responses to the Special Premium Offer in the "missing word" contest in the May issue of this JOURNAL,

The following, in the order named, were the successful ones, and are entitled to the prizes, which will be forwarded: Dr. W. E. Fitch, Graham; Dr. J. F. Harrell, Whiteville; Dr. L. M. Archey, Concord; Dr. C. A. Meisenheimer, Charlotte.

We are much gratified at the interest taken in this contest, for we are always ready to assist and uphold our advertisers by any legitimate means.

Several replies were received from other States, one contestant invoking the aid of the telegraph, but, unfortunately for him, such "appendages" were unavailing.

Another opportunity for competition will be offered in the July issue.

Our thanks are due to Messrs. Wm. Wood & Co., New York; Lea Brothers & Co., Philadelphia; Cassell Publishing Company, New York; W. B. Saunders, Philadelphia; E. B. Treat, Chicago, and other publishers, for valuable volumes recently received. They will all be reviewed in the next issue of the JOURNAL.

ERNEST HART.

The JOURNAL has the pleasure this month of presenting to its readers and subscribers a portrait of Mr. Ernest Hart, Editor of the British Medical Tournal.

Attention is directed to him in medical circles in America at present because 286 Editorial.

of his visit to this country at this time as the guest and orator of the American Medical Association, which has just completed its annual session in Milwaukee.

Mr. Hart is now in his fifty-seventh year, and is in the full vigor of a well-developed physical and intellectual manhood. Two years ago, at the meeting of the British Medical Association at Birmingham, England, we were much impressed with his tireless energy and great intellectuality.

"In 1866, Mr. Hart was appointed, by the Council of the British Medical Association, to the editorship of the British Medical Journal, an office he still holds, along with the editorship of the London Medical Record and the Sanitary Record. When he took up the editorship of the British Medical Journal it was not a lucrative adjunct of the Association prow its profits amount to £6,000 per annum, while the number of members of the Association has increased from 2,000 to more than 13,000.

"From that time forward, Mr. Hart has led a busy life, not only in his editorial work, but in promoting, in many ways, the welfare of the medical profession."

Hence, as the representative of the best medical thought of England, he occupies to-day a most prominent position in the medical and literary world, and may be truly said to be the greatest medical editor now living.

We wish to tender our thanks to the members of the North Carolina Medical Society for the many evidences of appreciation shown, at its last annual meeting in May, in the city of Raleigh, to our JOURNAL. We are working not only to build up ourselves, but also our profession in the South, and we are grateful for the hearty support that has been extended to us, especially by our confrères at home.

We receive every week letters and editorial notices of congratulation, for all of which we desire to return our sincere thanks.

NORTH CAROLINA MEDICAL JOURNAL PRIZE.

The NORTH CAROLINA MEDICAL JOURNAL, desirous of obtaining a history of the surgical work performed by North Carolina surgeons in the past, offered at the Raleigh meeting of the Society, a prize of Twenty-Five Dollars, in cash, or its equivalent in the latest surgical works, for the best essay on "The History of Surgery in North Carolina."

This prize will be awarded only to members of the North Carolina Medical Society.

The essays submitted for competition must be printed or type-written, and must be in the hands of the chairman of the awarding committee by May 1st 1894.

This committee consists of Dr. J. M, Hays, Oxford, chairman; Dr. J. W. Long, Randelman; Dr. W. P. Beall, Greensboro.

At the Medical Convention at Ralegh, we had the pleasure of meeting Mr. F. W. Hancock, representing Parke, Davis & Co.; Messrs. J. F. Sprague and J. L. Prior, representing Sharpe & Dohme; Mr. Apple, representing The Wm. S. Merrell Chemical Co.; Mr. Bartlett, representing E. A. Yarnall & Co.; and Mr. Garvens, the representative of Bartlett, Garvens & Co., of Richmond.

These gentlemen by their courtesy to the physicians as well as by their extensive display of Medical and Surgical goods, made many friends for themselves and their houses.

We have met the first three, that are named, so often and so pleasantly in North Carolina that we feel that we can properly claim them as our own.

We trust that the other gentlemen will continue to visit us, for, at this visit, they made us, indeed, their debtors. REPORT OF THE BOARD OF MED-ICAL EXAMINERS OF THE STATE OF NORTH CAROLINA.

The Board of Medical Examiners of the State of North Carolina met in rooms of Yarborough House, at Raleigh, on Monday, May 8th 1893, at 10 a. m. The minutes of the last meeting held in Wilmington were read and approved. Drs. Thomas and Whitehead, Committee of Finance, audited and found correct accounts of the Treasurer.

According to instructions at former meeting, a letter which had been written to Attorney General Osborne, was read by Secretary Picôt. The Attorney General declined, for satisfactory reasons, to give a written official opinion upon the point involved.

Dr. Thomas moved that the rule adopted by the Fifth Board of Medical Examiners regarding the issuing of temporary licenses to applicants making an average grade of above $66\frac{2}{3}$ * per cent. and less than 80, be, and is hereby, repealed. Dr. Young seconded the motion and it was carried by a unanimous vote.

The examinations were held in the Senate Chamber. Dr. Julian M. Baker conducted the Obstetrical examinations with the aid of a "Manikin," and applicants were required to define the various presentations and demonstrate deliveries with forceps. The examinations in Gynaecology, as well as in the remaining branches, were written, and a standard of 80 per cent. maintained, as heretofore.

There were eighty-one applicants and two of these withdrew early in the session. Of the remaining seventy-nine, forty-seven were granted license as follows:

C. H. Phillips, Fullers; J. F. Rhem,

New Berne; Jos. A. Morris, Wilton; Le-Roy Long, Lowesville; W. G. Beckwith. New Hill; W. B. Moore, Francisco, Stokes county: S. P. Wright, (col) Elizabethtown; J. F. Abell, Canton; Frank H. Russell, Wilmington, (Appleton prize medal); C. A. Anderson, Stainback; R. L. Holloway, Fishdam; E. F. Corbell. Sunbury; E. L. Crumpler, Hansoms, Va.; L. L. Sapp, Kernersville; Jas. Dixon, Fountain Hill; G. F. Arie, Ritchies Mill, N. C.; T. A. Norment, Lumberton; Thos. M. Riddick, Elizabeth City; W. W. Mc-Kenzie, Salisbury: Chas. O'Hagan Laughinghouse, Greenville; F. F. Stevenson, Statesville; G. A. Smith, Siler City; W. F. Faison, Fayetteville; G. N. Ivie, Stoneville; T. A. Hathcock, Norwood; C. T. Winley, Yeatesville; W. D. Bowen, Plymouth; C. B. Walton, Raleigh; B. C. Waddell, Scottville; Chas. W. Mosely, Lewisville; W. J. Moore, Sandy Ridge; Chas. T. Wyche, Oxford; M. E. Street, Fairhaven; J. L. Kernodle, Elon College; A. M. Whistant, Shelby; Chas. J. Harper. Wilmington; R. J. Williams, Barnaman's Bridge; F. W. Whitehead, Scotland Neck: W. B. Norment, Lumberton; K. G. Averitt, Stedman; C. B. McNairy, Lamont; H. T. Pope, Lumberton; N. G. Ward, Belvidere; C. F. Griffin, Woodland; T. S. Faucette, Burlington; Jas. W. Duguid, W. L. Hill, Walnut Cove.

The following named persons held temporary licenses during the year. These temporary licenses expired on the first day of board meeting:

J. F. Powell, W. D. Hooper, Thos. L. Douglass, W. P. Horton, L. L. Sapp, W. E. Warren, L. G. Frazier, T. S. Faucette, W. G. Shau, L. C. Smith, J. H. Holcomb, LeRoy Long, John W. Prather, —
Brown, — Peterman, — Oakey, — Reed, — Hemphill, — Hunter, — Byron, R. W. T. Pegram, J. P. Crawford, C. H. Phillips, Chas. T. Wyche, Chas. W. Moseley, R. J. Palmer, R. L. Asheworth, F. H. Russell, Jos. H. Hanby, W. W. Barrett, Geo. T. Arie, W. — Sheppard,

^{*}The rule referred to formerly allowed candidates making an average of 66g per cent. to withdraw and afterwards apply to two members for examination for temporary license.

W. V. Swett, Jeff. W. Bulluck, C. H. Brantley.

Drs. Robt. S. Young and L. J. Picôt were delegated to represent the North Carolina Board at the Third Annual Conference of Inter-State Medical Examining Boards to be held in Chicago, June 6th.

Dr. Frank H. Russell, of Wilmington, won the Appleton prize.

The Board adjourned at 3 a.m. Saturday May 13th 1893.

W. H. WHITEHEAD, M. D., President. L. J. PICÔT, M. D., Secretary.

WITH OUR ADVERTISERS.

Notice the new advertisements in this issue. Every advertiser in these columns is thoroughly reliable, so far as we know.

Note Schieffelin & Co's new products; also Parke, Davis & Co's "New Departure in Therapeutics;" also the merits of Sharp & Dohme's Ergotole; also the merits of Boehringer's Hydrochlorate of Cocaine.

Read carefully the description of Ingluvin as a specific in vomiting Peacock's Bromides are recommended in all forms of congestion. Battle & Co's Bromidia is recommended as a great nerve sedative.

Sanmetto is recommended as a vitalizing tonic to the reproductive system.

Fehr's "Baby Powder" is good in all affections of the skin.

Kumysgen is now attracting much attention in the treatment and nourishment of low forms of fever.

Listerine is an absolutely safe and efficient antiseptic.

Colden's Liquid Beef is a great tonic and invigorator.

The Six Iodides are recommended as an alterative tonic.

Fellow's Syrup of Hypophosphites has gained a wide reputation in the treatment of Pulmonary disease.

Henry's Tri-iodides are recommended as a specific for gout and rheumatism.

READING NOTICES.

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

The preparations of "Pepsin," made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house.

MIGRAINE.—This distressing malady can be promptly relieved by the use of Neurosine whose virtues are due to the pure Bromides with Cannabis Indica and Cascara Sagrada in combination with wholesome stomachics, See formula on sample bottles.

Dr. Brie, of Bonn, in a recent article on Trional, reports very satisfactory results from the use of Trional in several psychopathic conditions accompanied by insomnia. In melancholic and hypochondriacal depression says the writer. "Trional always insured a sleep of seven to nine hours duration, usually acting promptly in about one half hour without disagreeable effects while the patients experienced no disturbances whatever on the following day." In these cases it was found better to commence with 2 grammes (30 grains) reducing the amount slowly to 1 gramme (15 grains).

Dioviburnia is the MOST POWERFUL UTERINE TONIC ATTAINABLE, and administered in tablespoonful doses in hot water three times a day will remove the cause of Leucorrhoea, and by its tonic effects will build up the entire system, relieving the pains of Dysmenorrhoea as well as after pains.

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It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged

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It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

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NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

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ESTABLISHED 1878.

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"ESSE QUAM VIDERI."

Official Organ:
Medical Society of North Carolina.

Official Organ: South Carolina Medical Association.

ROBERT D. JEWETT, M. D.,

J. ALLISON HODGES, M. D.,

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S. WESTRAY BATTLE, M. D., U. S. N. ROBT. S. YOUNG, M. D. HUNTER MC GUIRE, M. D., LL. D.,

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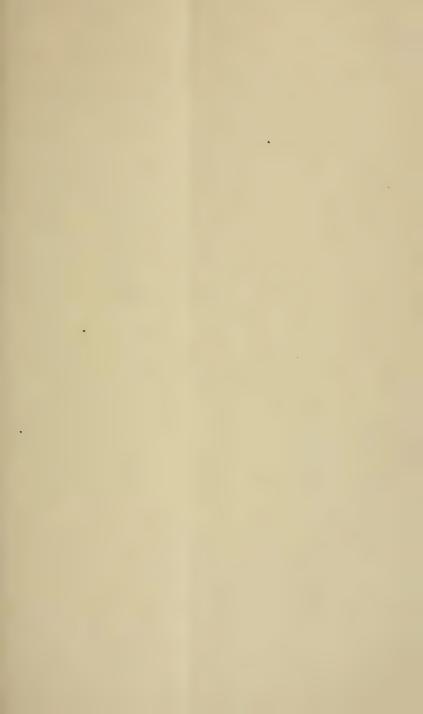
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President College of Physicians and Surgeons,

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NORTH CAROLINA

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Original Communications.

PRESIDENT'S ADDRESS.

Delivered before the American Medical Association at the Forty-fourth Annual Meeting, held at Milwaukee, June 6, 1893.

BY HUNTER McGUIRE, M.D.

RICHMOND, VA.

Gentlemen of the American Medical Association:

LADIES AND GENTLEMEN:—In behalf of the officers of this Society, I tender to each and every one of you a very cordial welcome.

A cursory view of the circumstances which serve to emphasize the responsibilities attaching to this, our forty-fourth session, will not seem inappropriate.

Some fifty years ago, one of the great political prophets of our country, Henry Clay, son and grandson of Virginia and citizen of America, was crossing the Alleghanies with a friend, on his way to his western home. Having reached a lofty elevation, they turned for a moment to view the beautiful Valley of Virginia—"The gardens of Gul in their bloom." Mr. Clay stood in silence, with the attitude of one inspired. His friend asked the meaning of it. He said: "I am listening to the tramp of the millions who are coming to fill the valleys and the prairies of this Western World." The millions have come, and yet other millions are crowding upon their footsteps.

In reviewing the achievements of the past from the position we occupy, in this quadri-centennial year, and in contemplating the present, bright with the promise of future progress, we are filled with admiration for the character of our people and with just pride in the ever-advancing prosperity and influence of our country.

There is stirring in our hearts a joyful consciousness that patriotism has a wider, truer and yet more sacred meaning than at any period of our history.

The rapid development and crowding events of American life expand a year into a decade, a decade into a century; a century has become a thousand years, and the dignity of age is already impressed upon our institutions.

The energy of man has joined hands with nature, so that in physical and intellectual development, as well as in extent, this country does indeed constitute one of the grand political divisions of the earth—is it not the grandest? Does not the White Squadron lead the port column by right as well as by courtesy, as representing the most powerful, as well as the most progressive, nation in the world?

This amazing result of two hundred years of organized life is more wonderful as being self-evolved. The noble ambition of this people has been to demonstrate the power of man to conduct his private affairs unaided and uncontrolled, and to maintain and advance the public interests by a judicious self-control and a conscientious regard for representative responsibility.

The latest and most surprising developments, our most gigantic strides, have been made not merely—perhaps not chiefly—through political, but through professional and economic organizations, directed and made efficient by representative bodies. The political economist, better than the doctor, can tell to what extent the responsibility for the next step in the advance of this mighty people, has passed from the government itself, to these organizations and their representatives.

Whatever the share of each or all, the members of the American Medical Association, representing 100,000 doctors, with all the intelligence, professional cultivation, trained skill and experience and high personal character, which they should possess—dealing with matters affecting the mental and physical energies of this entire generation of Americans, and the next—cannot but contemplate with the gravest concern the important duties, the weighty responsibilities, resting upon them.

Gentlemen, we must keep touch and time with all organizations, of whatever character, that have combined to present to the world the grand picture to which I have alluded. As patriotic citizens, we owe it to our country, as well as to the Association we represent, earnestly to strive to evolve, through hard work, thorough observation and knowledge of the needs and demands of all sections of the country, the things that are necessary, not only for the preservation of health, but also for the highest conditions of physical and mental development.

There is no organization in this country so well equipped as ours for the accomplishment of the work we have undertaken. We more thoroughly represent medical opinion than any other body of a kindred character. The delegates composing this Association being drawn principally from other organized medical societies, coming not only from the larger, but also from the smaller medical bodies; representing all sections of the country from Maine to Texas, from California to Virginia; when all these are gathered together in our annual sessions,

our rolls may fairly be supposed to display the names of the most learned and distinguished of the medical men throughout the land.

You assemble, I doubt not, filled with enthuiasm and a determiniation to exercise your best talents in furthering the aims and objects of this Society.

Speaking in the general: Our prime object is to study the origin of disease; the immediate occasion of its outbreak, with the means of preventing it; and the best means of loosing its malignant hold, if once fastened upon the community or the individual. Secondarily, and yet with a due appreciation not only of its value but of its necessity as a means to the chief end, we labor to secure for this organization, and for all allied with it, the greatest possible efficiency in the performance of the practical work entrusted to us.

The old pagan superstition that disease expressed the anger of the gods of Olympus has disappeared from the human mind. The theories entertained and transmitted by the pseudo-science of the middle ages are no longer accepted as explaining its presence in our bodies. The Great Physician himself declared that the eighteen upon whom the tower in Siloam fell were not necessarily sinners above all the Gallileans; that from congenital blindness in a son we are not to infer, as a matter of course, the wiekedness of his parents. While therefore disease does, as a Nemesis, dog the footsteps of folly and crime, the retributive intervention of the Great First cause is not a sufficient solution to the problem.

The laws of nature systematized and arranged upon lines that will meet all demands essential to the preservation and maintenance of the Universe, when violated are also sufficient for its destruction. These natural laws of the Creator touch all and several of His creatures. Therefore we look to the material conditions surrounding us, coupled with the proneness of all animated nature to organic derangement and decay, for the real cause of death in the human family. While human life has been progressively prolonged during the past century, through a better appreciation and enforcement of hygienic requirements, by legal and police compulsion, under the stronger governments, and in those of liberal form by an enlightened public opinion demanding special legislation in regard to the same, there remains much to be accomplished before even relative perfection can be reached. In the United States I believe we are on the threshold of great improvements in this direction. To secure them demands united action. It belongs to us of the medical profession by systematic, thorough, and intelligent observation to inform ourselves of the minutiæ essential to a thorough knowledge of the origin of the maladies common to the country, as well as those which are introduced from without. That being done, our united force must be brought to bear to secure and put in active operation such measures as will effectually stamp out the one group and exclude the other.

In order that every obstacle may be removed and every agency brought to bear that can contribute to success, the medical man must gird himself for a stern battle with ignorance and prejudice, with misdirected intelligence, and jealous conceptions of right. Our battle is first with the people and then with their representatives. The average citizen supposes that there is some subtle and selfish design on the part of the physician, especially on the part of associated physi-

cians, to deprive him of some portion of the personal privileges he now enjoys, The American believes that his house is his castle, and even as he worships his household gods, so does he worship Magna Charta, Habeas Corpus, Trial by Jury and Representative Government. The mental state thus engendered is one of morbid sensitiveness, and develops a temper that blindly strikes at all comers, and not least venomously at the investigator who would inquire into the condition of the premises where disease originates. Inquiry must be pushed in spite of all obstacles. There is no longer a question as to the absolute necessity for properly policing our cities, towns, villages, and private houses. Healthful water supply and drainage, the right location of water closets, and sinks, and their disinfection, with the ventilation of all inhabited buildings, are now admitted to be essential to the maintenance of a high standard of health in every community. No physician is fairly discharging his duty who fails to seek information on all these subjects and to take advantage of the knowledge offered him; and he is criminally negligent if he fails to act upon these fundamental principles when the occasion arises.

Tact, discretion, and pains-taking instruction are often essential to convince parties interested of the necessity for special legislation, in order to protect the health of the general public. Politicians are, as a rule, timid, apprehensive, and eminently conservative, where innovations against custom and habit are involved, or where popular objections are likely to be encountered. They can be made to move only through pressure brought to bear by a united public sentiment. It should be our endeavor to educate the masses up to the requirements in this direction. This we can best do by showing them the dangers which daily and hourly surround them from such diseases as are endemic and those that are of an epidemic and contagious nature. Through the politicians acted upon by and cooperating with an intelligent public sentiment, State and local Boards of Health must everywhere be established. Their care will be to put in action the great principle of prevention, now so much better understood. Taking advantage of the operations of Boards of Health in Germany, and especially in Great Britain, we have without conjoint action, accomplished much in certain limited sections of the more densely populated parts of the United States, in preventing the outbreak of disease, as well as in curtailing its spread, and absolutely eradicating certain affections which threatened to become wide-spread and devastating.

Much is to be learned in connection with the endemic diseases of the various sections of our country. The malarious diseases prevalent amongst us have been extensively studied. Their immediate origin has not been definitely determined; but the conditions of heat, moisture, and vegetable decomposition are well understood as most potent in their production. It is a law long since ascertained on the Continent of Europe, in Great Britain, and in America, that wherever the trend of the land admits of the drainage of collections of fresh or brackish water, these maladies can be brought under control; in fact, can be permanently driven from the country. Yet a complex problem remains for us, viz: how to effect these salutary results in the basin of the Mississippi, with its sluggish streams and torpid bayous; with the marsh lands of the sea-coast in general and the vast swamps in

the interior. Whilst this is a problem to be solved in the main by sanitary engineers, yet the physicians of the country must come to their aid by contributing their knowledge upon the subject, and inciting the inhabitants of the States to activity in order to provide, through legislation, the means for carrying out the measures that may be recommended.

Not only in that great valley, but in sections, States and cities, more favorably located, a mighty need exists and a great work is to be done.

To recur to the membership and organization of this and its allied associations: We cannot too highly estimate the importance of attaining the greatest degree of excellence possible in the various independent organizations that are here represented. This can be more effectually obtained through the State and local societies that are in active and friendly relations with us. The members of these respective organizations should strive to enlarge their usefulness by bringing into them all reputable physicians who reside within their jurisdiction. This can best be done by demonstrating to outsiders, through the excellence of their work, the importance and practical use of becoming members of the State societies; and leading them to feel that to keep abreast of the times, it is necessary to mingle, at least once a year with the other progressive medical men in the State, for the purpose of interchanging views on current professional topics and discussing and determining such things as pertain to the protection of the health and the general welfare of their clientele.

The State societies should strive to induce their members to form societies in every county of their respective States, in all cities of the same, and in all townships, or parts of counties where there is a sufficient number of physicians to justify such organizations. In this way a local and general activity will be engendered, and the average standard of professional intelligence raised to a degree which must result in great good to the residents of each State; and through general discussions of all leading questions pertaining to the health and welfare of each and every locality, measures will be evolved and remedies discovered that will prove of untold advantage to the community at large.

As for the workings of this Association, its organization has improved with each year, and I trust and believe that this advancement will be continuous, until we reach that degree of systematic arrangement which will enable us to accomplish the greatest amount of good attainable in the time allotted to its annual meetings. Improvement in details is necessary for the realization of this result; and I trust that some plan will be devised which will assign more of the special work to the various sections, leaving the Society as a whole to take charge of matters requiring its general supervision and determination. This is a subject to which I desire to call your special attention and to emphasize it, for I am confident that a majority of you will agree that it is of paramount importance. As essential to this purpose, I sincerely hope that you will adopt some plan by which will be checked the growing tendency to read or have read before this body lengthy papers that could be considered and dealt with in a much more effective manner by the separate sections.

One or two subjects need to be specially and separately considered,

CONSTITUTION AND CODE.

The committee to whom was referred the question of revision of the Constitution and By-Laws of this Association, will present an entirely new paper, containing many of the valuable features of the old one. Leaving out some, however, that in my opinion it was very desirable to retain.

I am glad that our rules require that this report shall lie over for a year before being acted upon. Ample time for the consideration of such an important subject will be secured in this way.

The same committee will ask that the subject of the Code of Ethics be allowed to remain over for another year.

While my own convictions in regard to the Code are of a very positive kind, I feel that as the subject cannot be considered until the report of the committee is received, good taste and good policy both require that I should not discuss it by introducing it in this address.

I have one suggestion to make: I think that a revision of the Code should be referred to the several State Medical Societies, entitled to representation here, and that these societies should report their action to the annual meeting of the American Medical Association. This would give us a fair expression of the opinions of the representative societies from all parts of our country, and every reputable American practitioner of medicine would have an opportunity to vote on this subject. At present, if the annual meeting is held in the West, the East and South have a minority of votes; similarly if it be held in the East, the West and North—and if held in the South, the East and West are likely to be in number of votes unfairly represented. Equal representation in votes and views for all parts of our common country, free from the domination of states immediately adjacent to the place of our annual meetings, should be obtained in acting upon such an important subject as a revision of the Code of Ethics. It would be well for the State medical societies to obtain and include in the vote of each State all county and district medical societies entitled to representation here.

Let the Medical department of the Army, Navy and Marine Hospital Service also have a vote in this matter.

The medical societies referred to constitute a very large majority of our members. The "Members by Invitation," the "Permanent Members" and "Members by Application" have, by our Constitution, no vote.

Let a majority of States decide this question and let us agree to abide by this decision.

MEDICAL EXAMINING BOARDS.

A large number of States have appointed and have in operation "State Medical Examining and Licensing Boards," which have contributed greatly to the elevation of the standard of medical education in their respective States and in the country generally. In some instances, in consequence of the existence and action of these boards, colleges have raised their requirements for entrance and especially for graduation, and now send out men better fitted in many ways for the practice of their profession. I feel confident that before many years have passed,

every State in the Union, for its own protection, will have its Examining Board. As far as it lies in our power, we should foster and encourage these Medical Examiners, who have a difficult and, often, thankless task to perform. A conference of delegates from each State Board might result in a uniform State law, which is desirable. As it is, at this time, some of the State laws regarding the boards are defective.

SECRET AND POISONOUS MEDICINES.

I think this Association owes to the people of this country an earnest effort to stop the sale of secret and poisonous medicines. Free trade in physic is permitted, as far as I can learn, only in this country, and any quack can advertise in the reading and other columns of our newspapers his so-called patent medicines. Many of these nostrums are known to be poisonous, and of course hurtful. All over Continental Europe grocers and druggists are forbidden to sell any pharmaceutical preparations or compounds. This right is restricted to the pharmacist or apothecary; and he is often subjected to rigorous inspection, to very rigid laws, and to heavy penalties for their violation.

If each State would require the vendor of any secret remedy to subject his formula to a board appointed by the State for this purpose, said board having the power to grant or refuse a license to sell, this already great and growing evil would be materially lessened or stopped.

SMALL-POX, TYPHOID FEVER, ETC.

The police regulation of small-pox is a matter for the gravest consideration upon the part of the General Government and of the several States of the Union. Regulations full, comprehensive and complete should be formulated for the prevention of its introduction from without, and its eradication wherever it appears in our land. Notwithstanding the organizations known as "Anti-Vaccination Societies," which so often send out all sorts of misrepresentations, and notwithstanding misstatements from other sources, from the time of Jenner's conclusive demonstration (in 1796) down to the present hour, vaccination has been growing in favor, and now the great majority of the educated classes have become convinced of its importance. Compulsory laws have been put in force in the larger number of European countries, and especially in the German Empire, where not only the army, but the people at large, are compelled to submit to vaccination at stated intervals—once every third year being the rule for the army.

Our large and constantly augmenting population, their facilities for travel, and their disposition to use these facilities, render it imperative that we should endeavor to obtain, as far as possible, from the respective States composing our Union, legislation of a uniform character upon this subject. Until this is done, there will be a constantly impending danger of local, and even general, outbreaks of this universal scourge of the human family. Were it not for the municipal powers that have been granted to our leading cities and exercised by

them, this disease would be perpetually with us, and our vital statistics would groan under the burden of its polluting rayages.

A study of the causes and conditions which produce typhoid fever, the curse of the mountain and Piedmont regions, demands the utmost industry and closest observation on the part of physicians, whenever this disease makes its appearance. The great majority of writers upon this and kindred topics unfortunately reside in cities where the true type of the disease is rarely to be found, and where they are too liable to seize upon conditions which they know to be conducive to disease in general, and assign them as the active factors. Sinks, privies, sewergas and polluted drinking-water are the spectres that flit across the stage to deride and delude these investigators. I cannot refrain from expressing the hope that there will arise some eminent man, or more than one, in the rural regions, possessing the intuition that is akin to genius, who will be able to show with almost mathematical certainty the real circumstances and combinations upon which this malady depends. Be it germ, be it mite, or leucosite, the result remains the same. Individual diseases, with their causes, are better segregated in the country, and more reliable observations ought to be possible. Ienner and Koch were country doctors.

The contagious diseases—mumps, measles, whooping-cough, scarlet fever and diphtheria—annually carry to the grave thousands of our people, chiefly from the youths and infants, those who are nearest and dearest to us, and who appeal most strongly to our tenderest sympathy. These maladies are increasing in a definite ratio to the advance in population, and, while modern treatment has done much to alleviate the sufferings of their unfortunate victims, mainly through hygienic measures, still the mortifying fact is patent that their genesis is wrapped in the same obscurity that it was two thousand years ago. The germ, the malignant little parasite—we may have discovered, as the source of all these troubles; but why or whence this germ? That defies our knowledge.

QUARANTINE.

One of the most important questions of the hour is that of quarantine. During the past year the apprehensions of the country have been fully aroused upon this subject, and there is every disposition on the part of the people to have such laws enacted as will render us safe against the introduction of Asiatic cholera and typhus fever. The latter has entered one of our principal ports and has infected a limited number of the population of the city of New York. Thanks to the efficiency of the Board of Health, it has been kept under relative control, and is now abating. The former, starting from its home in the East, some two years since, and, following the track along which it has heretofore traveled, has not only reached the most frequented ports of Western Europe, but has traversed the Atlantic, and during the last summer sought admission to our shores. Through a number of fortuitous circumstances, rather than by the aid of any well-ordered quarantine, we have been spared the misery of an active invasion. It has retreated to the farther side of the ocean, and seems to be preparing, with renewed energy and increasing activity, for a second attempt to invade us.

Shall it succeed? This is the vital question which we are called upon to meet, and, if possible, to solve. The subject is not incapable of solution, but there are difficulties which beset us, owing to the character of our institutions and the organic laws under which we live. It has been shown on more than one occasion that the strict enforcement of quarantine laws in America, as well as in Europe, has prevented contagious diseases from entering the scaports of a country, when full and judicious measures were put into execution. During the late war between the States, every seaport along the South Atlantic and Gulf States that was effectually blockaded was spared an invasion of yellow fever. Even New Orleans, which, prior to that period, had been so frequently visited by it, was kept exempt from it through the measures resorted to for the purpose by the military commandant. Even after one case had escaped the vigilance of the quarantine officer and had taken up its abode in one of the most populous sections of the city, by prompt removal of it to a vessel in the river, which made a speedy exit from the port, the disease was prevented from obtaining a foothold; while Wilmington, North Carolina, which, until the last year of the war, remained comparatively open to vessels plying between that point and the outside world, was subjected to a frightful scourge from yellow fever, owing to its introduction from the Bermudas. Do not these facts warrant the conclusion that yellow fever is of alien origin, and never endemic in this country? I offer this to show what can be brought about where a preventive system of quarantine is scrupulously carried out. The circumstances and environment were such at New Orleans as to make it imperative upon the military officers there to keep the disease out of the city, as the army of occupation was, owing to the configuration of the country, necessarily encamped within its limits. It was an army recruited from the more northerly section of the United States and unaccustomed to the oppressive and enervating heat of so warm a climate. Had yellow fever once established itself, that army would simply have been annihilated, and the chronicler of the leading events of the war would have found adequate figures of comparison only in the Plague of London and the Black Hole of Calcutta. These visitations come to us, however, in the majority of instances, in times of profound peace, when it is difficult to induce the authorities of the country to enact laws sufficiently stringent to maintain a judicious quarantine. In America, while we enjoy the blessings of a freedom never before equalled, yet the greatest enthusiast will not fail to acknowledge that our form of government has some defects, when it is called upon to grapple with questions that require the curtailment of the personal liberty of the citizen for the benefit of the people at large.

There is another draw-back to the enactment of general quarantine laws. Our sea-coast towns as ports of entry are jealous of their local and territorial traderights. A grand net-work of railroads spreads over our entire country, and the ordinary channels of trade can be interrupted and the trade diverted into new directions, whenever free ingress and egress to traffic do not exist at any one of our sea-ports. Appreciating these facts, and ever jealous in guarding their commercial interests, public sentiment in such communities always tends to suppress the truth at the inception of an epidemic; and even the press, usually free and out-

spoken on all matters in which the general public are interested, remains practically silent until its utterances cease to be news, and a widespread epidemic has advertised itself. This is a matter of profound regret; and yet, so long as human nature retains its present characteristics, we may always expect such causes to produce corresponding results.

To depend upon municipal quarantines for the protection of this great country from the spread of contagious diseases, is to reckon without your protecting host. The selfishness of human nature, the desire for gain, the aggressions and the potency of wealth will all be brought to bear upon those in authority, and will, if possible, drive from place and power conscientious officers, who, in the discharge of their duty, fail to comply with their behests and interfere in any way with what they consider their rights and privileges.

I trust that I shall not be held as animadverting too severely upon this subject. These remarks are not intended for any particular locality. What I have stated is sustained by the history of the past epidemics that have broken out in our country. No one can ever be safe so long as the local authorities at ports of entry are left as the sole protectors of the nation against the entrance and spread of epidemic and contagious diseases. The peculiar organization of our Union of States is such as to deter those in official positions from exercising authority in any case except where the right so to do is clear and well-defined, jealous care with which the rights of the States were guarded in the formation of the Constitution, and the special declaration by amendment to it, that all powers not specifically granted to the General Government were reserved to the States; the provisions defining the rights of the Government and the reserved rights of the States, have been the means of engendering more antagonisms than any other issues that have arisen under it. I need not recur to the stirring scenes that have been enacted in the United States Congress on many eventful occasions. The antagonisms above referred to brought on our great civil contest, with the results which are so painfully fresh in the memories of all. It is not surprising that politicians are averse to agitating any questions which may in any manner trammel the rights of the States through laws passed by the General Government. The trend of public sentiment, as shown by the laws enacted by Congress, and the decisions of the Supreme Court of the United States for the last twenty years, manifest very clearly that the public conscience recognizes the fact that a return to old conceptions on this subject is necessary for the general good of the country. While we may admit this to be true, yet, in the particular issue we have in hand, may we not fall into a very grave error by failing to perceive what is clearly our duty to the people as a whole? "The general welfare" clause in the Constitution clearly gives to Congress the right to legislate for the preservation of the health of the citizens of this country, and for the prevention of the spread of epidemic and contagious diseases among them. There will be many who will cavil at this application of the clause referred to; and the attempt to enact a quarantine law of a rigid and vigorous character will meet with stout and bitter resistance. Reared in the school of strict construction as to the rights of the States, I do not hesitate to declare that the time has

at last arrived in this country when, owing to the imperative exigency growing out of our great increase in population, the facilities for travel and intercommunication, and the constant flow of immigration from all parts of Europe, all patriots, representing every shade of political opinion, should unite in demanding of Congress the passage of a law strong, concise and yet comprehensive, that will enable the Government to properly protect its citizens against disease whenever, in the discretion of its officers, the emergency may have arisen. There is as much reason why the power of the Federal Government should be invoked to aid in repelling the advent of pestilence as to aid in repelling the advent of a hostile fleet or army. Once established, pestilence would cost our country more human lives and more money than a war with any foreign power. These remarks are made in consequence of the failure of our late Congress to pass such a bill. The measures which they adopted are partial and temporizing, and fall far short of the exigencies of the hour. I will not attempt to give you the details of this law, approved the 15th of February, 1893, known as "An Act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service." Its provisions are no doubt familiar to you all. All of its sections relating to consular regulations abroad are everything that we could wish. But when it comes to be applied on this side of the water, it is grossly defective. All on the other side of the Atlantic is compulsory, all on this side permissive and co-operative. So long as the Government officers are only permitted to co-operate with State and municipal quarantine officials, just so long will the law be imperfectly executed. We must not let the matter rest here. This Society should endeavor to arouse the people to a correct appreciation of their danger and of their rights and duties in regard to it, and never cease agitating it until Congress shall be forced to enact such laws as are "necessary and proper" for meeting each and every emergency. Personally, I am not in favor of a quarantine of detention, but of anticipation and prevention. This is the true way of avoiding the introduction of epidemic diseases into this country. The modern system of quarantine is not a system of exclusion or even of prolonged detention-it is based upon the application of scientific methods and apparatus. I call your special attention to the significant fact that this "System of Maritime Sanitation" has kept New Orleans free from yellow fever for the last twelve years, and absolutely without interfering with commerce; it has been pronounced by competent observers the most complete system of quarantine in the world, and it should be adopted as a model by the Federal Government for our common defence at every point where pestilence may be imported.

NATIONAL BOARD OF HEALTH.

The importance, indeed the necessity, of a National Board of Health organization will be appreciated when it is remembered that the present laws refer almost entirely to quarantine in time of epidemics, or threatened epidemics, such laws being carried into effect by the Marine Hospital Service through the Treasury Department.

Every important power in Europe has its chief sanitary bodies, independent of the army and navy. In this country, according to our form of government, there are sanitary duties which can and should be performed only by municipalities, and there are duties, especially in time of epidemics, that cannot effectually be performed by cities, but should be looked after by the State, and thus, in like manner, when the States are unable to accomplish what is necessary, then the National Government should do it. This is not the case as the law now stands. Two years ago, at the meeting of this Association, held in the city of Washington, a bill was proposed and recommendations were made to the effect that a Minister of Health be created who should be a Cabinet officer. In the recent legislation by Congress this bill, though pending, was entirely ignored. At the last meeting of the American Public Health Association, held in the city of Mexico, the Committee on National Health Legislation recommended the appointment of a National Health Bureau and a Commissioner of Health, who should be the chief sanitary officer of the United States; said Bureau and Commissioner (Sanitary) to be independent of the Medical Bureau at Washington. The law that was passed by the recent Congress was a compromise between some of the bills pending in Congress, and, owing to the necessities then existing, the legislation was hurried, and, although in some respects in advance of what had existed before, still, to the sanitarians and those interested in the sanitary welfare of the nation, it is far from being satisfactory.

I learn that there will be an organized movement to secure legislation by Congress on the lines indicated, and I would respectfully suggest that a committee be appointed from this Association to co-operate with the committee appointed by the American Public Health Association and committees of other important bodies interested in securing the legislation needed.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

I am glad to be able to say that, during the past year, the Journal of this Association has shown marked improvement in its management. I am sure that we may confidently look for still further advancement in the near future,

Before closing this address, I beg to return my thanks to my fellow-members for the honor they have conferred upon me by calling me to preside over the deliberations of this Association. When I recall the men who before me have filled this chair, and when I see around me those who fill high stations, which their attainments and a just appreciation of the public have given them, I am impressed with my own unworthiness and inability to meet the requirements of this office. For my short-comings, I beg your indulgence.

In the discussions that are to follow the papers that are read and the questions proposed, you will agree with me that it becomes us to display no bitterness or partisan spirit, but in debate, however earnest, very carefully to remember that our opponents are entitled to credit for equal honesty of conviction and purpose

with ourselves, and the same desire to further the interests of this Association. The bigotry and intolerance we sometimes see in theological debates, and the partisan raneor often found in political contests, should have no place in questions that come up for consideration in an Association like this.

Let us strive to show to the world that our whole object is scientific work, and our high purpose, the good of mankind.

A SUCCESSFUL CASE OF CLESARIAN SECTION IN 1852: FROM THE CASE-BOOK OF THE LATE DR. W. P. MALLETT; WITH AN INTRODUCTION

By R. H. WHITEHEAD, M.D., Chapel Hill, N. C.

[Written expressly for this Journal.]

The circumstances of the operation narrated below were well known to the friends and to the family of Dr. Mallett, but it was not known that he had made any written record of it until the recent discovery of one of his case-books. The case is one of such interest that it is difficult to understand why he never published it; but in him modesty was as conspicuous as ability, and he shrank from anything that savored of publicity.

The operation was performed in the country, near Fayetteville—the famous old "Cape Fear Section"—whose men have ever been foremost in the annals of our State, and from one of the oldest and most honorable families of which Dr. Mallett sprang. The patient, I am informed, lived many years after the performance of the operation, and gave birth to several children without unusual difficulty.

So far as I can learn, this was the first Casarian section done in North Carolina, and among the first done anywhere in the South.

It is interesting to note the indication for the operation which he accepted—a transverse presentation of a dead child, turning being impossible. Another interesting point is, that no anosthetic seems to have been employed during the operation, although he used chloroform in the preliminary examination. This, however, does not seem strange when we recollect that the first public administration of ether in Philadelphia occurred in 1847, and that anæsthetics did not come into general use in the Woman's Hospital of New York until 1864, except in some specially severe operations. It is to be regretted that his method of closing the wound is not stated more in detail.

While the principles of asepsis were not known at that time, yet Dr. Mallett was a man of such extreme neatness and cleanliness that I have no doubt that his was an aseptic operation, and the asepsis was maintained by the very frequent application of water. In this connection it is a striking fact that to combat threatened peritonitis he used saline purges, the identical practice in vogue to-day.

From Notes and Mercel Journals

And lastly, the charming simplicity and dignity of manner so characteristic of the man, and the utter sinking of all selfish motives in that one desire for the good of the patient, shine out from his pages and light up for us in the dimness of the past the figure of the old-time doctor, whom we all delight to honor.

The record is as follows: "Visited Mrs. Taylor on Friday, 26th of March, 1852, in labor with her first child. Mrs. T. was considerably below the medium size, 17 years old, and had been in labor since the previous Monday night, I was informed by her friends that the pains had been regular and frequent, but not hard; they had been more decided during the day, and at the time of my visit the womb was contracting firmly and regularly. I found the mouth of the womb dilated, and all the indications of a rapid termination of the labor. The membranes were unbroken, and to the feel unusually tough, and there appeared to be an undue quantity of water, which, interfering with the expulsive efforts of the womb, I discharged by rupturing the membranes, when I found the cord descending, the head locked above the pubis, and the left shoulder and arm presenting. The parts were firmly fixed in this position, and by no effort could the fœtus be turned or any change be made in its position. I was satisfied, from the appearance of the arm, as well as by the feel of the shoulder, that the feetus was of full size. In the meantime, frequent expulsive efforts of the womb continuing, I found my patient's strength failing, and became satisfied that she must be relieved in a few hours or inevitably sink. I accordingly returned home about 6 o'clock, provided myself with the necessary instruments, and in company with my partner, Dr. H. A. McSwain, returned to see my patient about 9 o'clock. hoping, as may be supposed, that some favorable change had taken place. To my regret matters were unchanged, except that the pains were more severe, if possible, than before, and her strength, both of mind and body, much exhausted, so that she now only begged to be allowed to die as soon as possible to be relieved of her extreme suffering. She would not consent to be touched for some time, and, but for the persuasion of her husband and friends, she would have preferred to die as she was, rather than submit to further effort to save her. She consented to inhale chloroform as affording her some respite, and under its influence she was rendered so far insensible as to admit of a free and careful examination per vaginam. Dr. McSwain and myself became perfectly satisfied as to the situation and relative position of the parts and as to the size of the pelvic cavity, and also as to the disproportion between the feetal head and the strait. We determined that the alternative was either to leave the woman to her fate or to give her the chance of the Cæsarian section. The effect of the chloroform having passed off, she became perfectly conscious, and our opinion and the nature of the operation were explained to her and to her husband and friends. The patient was as a drowning man and caught at the faintest shadow of hope. Her husband begged me to do anything, whatever it might be, so that he saved his wife. I told him that I was ready to do all in my power, and that in my opinion there was no possibility of saving his wife except by the operation, and that the chance of her living through that was but as one in twenty. I believe that the danger, extent and uncertainty of the case was fully understood by all,

and the plan advised was adopted as the only chance of saving the woman—the fœtus was certainly dead before I was called in.

"Under the circumstances as above described, I performed the operation, assisted by Dr. McSwain, by an incision in the course of the linea alba, deflected to the right so as to pass the umbilicus, and extended it from about four inches above the umbilicus to within three of the pubes. The fœtus was readily removed, as also the secundines. Hemorrhage was slight, and there was but little sinking of the pulse. She was perfectly conscious, and as soon as the fœtus was removed she asked if it was alive. The wound was dressed quickly, Dr. McSwain making pressure of the abdomen so as to keep the parietes in apposition to the contracting womb, the edges being brought together by four or five needles. Adhesive straps were then applied, and the abdomen well supported by a broad roller and compress. The cold water dressing was directed to be used constantly and with great care. In about an hour we left our patient, having by the cautious use of stimulants induced a disposition to rally. We enjoined perfect quiet, and promised to return in a few hours.

"An operation so novel in this region of country, at least, and so important, was well calculated to engross our thoughts. We had many forebodings as to the result, and returned to visit her with no little anxiety. We found, however, much to our relief, that her condition was decidedly favorable. The reaction which had commenced happily continued, and was just to the extent which we desired. The indication being to control the febrile action, this was accomplished by abstinence, perfect quiet, both of mind and body, and by the occasional exhibition of saline purges. The only dressing used was cold water, which was used continuously for the first four days. On the sixth day the wound was examined, and it was found healed by first intention for its upper two-thirds, the lower one-third being in a perfectly healthy state. Two of the needles were removed, and the adhesive strips reapplied. By the fifteenth day the needles were all removed and the dressing dispensed with. Three days afterwards the woman was able to sit up.

"Ten months from the date of the operation she aborted at the fourth month. Her health then declined for a few weeks, after which she convalesced, and has enjoyed health up to the present time, September, 1853."

THE SPECIAL INFLUENCE OF ALCOHOL ON THE BODY.

By T. L. WRIGHT, M.D., Bellefontaine, Ohio.

Abstract of a Paper read before the American Medical Association, Milwaukee.

[Prepared expressly for this Journal.]

The subject may be divided into three parts: (i.) The effects of alcohol upon the nerves. (2.) Upon the blood; and (3.) Upon the physical integrity of essential organs and tissues.

First: The influence of alcohol upon the muscular sense is well marked—the movements of the muscles being hampered and paralyzed by that agent. There is inco-ordination of movement in the muscular system. This is seen in the imperfections of speech and locomotion, and in the incapacity to combine the actions necessary for sewing, playing upon musical instruments, etc.

The vaso-motor system of nerves is always affected by alcohol—sometimes this is observed in flushings, which indicate paralysis—and sometimes by pallor and a spastic state of the capillary system.

Alcohol may also produce neuritis, as in the tilialis anticus nerve, the musculospiral nerve, and several others. It is plainly injurious to the phrenic, as well as to the pneumogastric nerve, causing widespread functional and structural derangements.

The anæsthetic effects of alcohol upon common sensation, and to some extent upon the several senses, influence very materially the accuracy of perception; and they mislead the mind and judgment in many ways.

Second: Alcohol may produce changes in the appearance of the red corpuscles of the blood. They are deprived of the power to perform their functions physiologically. They may become shrunken, deformed and incapable of either distributing oxygen or of eliminating carbolic acid in a healthful and proper manner.

Not only carbonic acid, but other effete and poisonous matters, corrupt the blood when the influence of alcohol is prolonged for a considerable time. There is accumulation of carbon, and especially of the hydro-carbons. These may readily undergo slight chemical changes, resulting in the production, at one time, of acetic acid, and again of fat, attended with a disappearance of oxygen, already too scant.

The gouty, or the rheumatic diathesis may become established by contamina-

tions of the blood dependent upon deficiency of oxygen.

The low temperature induced by alcohol may be partly connected with alcoholic paralysis of certain brain centres; but it is also greatly dependent upon the incapacities of the circulating fluid to hold oxygen and to distribute it in the general system.

Third: Physical degenerations from alcohol are numerous.

The heart may be prostrated by absence of the proper physiological rests between heart-beats. It may also become the seat of fatty degeneration, also of atrophy. There may be dilatation, attended always with irritable beat and palpitation. The valves, moreover, are likely to be injured.

The liver is often the seat of fatty degeneration in the inebriate. The kidneys may suffer in a similar manner. Both the liver and kidneys may be the seats of

sclerotic degenerations, attended with contractions and indurations.

The connective tissue may undergo a process of hyperplasia under the influence of alcohol. This condition is likely to be associated with a variety of functional mishaps. But the contraction which subsequently takes place in the enlarged fibrous substance is much more injurious. The gradual contraction of the interstitial tissue, especially in the liver, the kidneys and the brain, produces consequences of the most disastrous nature, which are the more to be deplored as they are necessarily incurable. The inebriate brain may present the appearance of the senile brain, there being atrophy and superabundance of serum.

The membranes of the brain, including the dura mater, may be abnormally adherent and thickened, while the brain itself may present "patches of apparent sclerosis, and other evidences of injury due to alcohol, which resemble the appearances seen in the brains of paretics."



Officers of the South Carolina Medical Association.



J. L. ANCRUM, M. D., PRESIDENT.





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Compliments of the North Carolina Medical Journal.

Society Reports.

SOUTH CAROLINA MEDICAL ASSOCIATION.—FORTY-THIRD ANNUAL MEETING, HELD IN SUMTER, APRIL 19TH AND 20TH, 1893.

[Continued from Vol. xxxi., page 276.]

father, who never remarried. His father being a farmer of limited means, he received only such education as the common schools of the country afforded. But he was ambitious, and early in life determined to pursue the profession of medicine. By his industry on the farm and by economy, he made sufficient money to enable him to begin its study about 1839, under the tutorship of Dr. Crawford W. Long, of Athens, Ga.

He attended his first course of lectures about 1844, at the University of the City of New York. His collegiate course was then interrupted until the fall of 1851, when he matriculated at the Medical College of the State of South Carolina, where he graduated in the spring of 1852. In 1853, he moved to Anderson, S. C., and here he continued to practice his profession up to the time of his death. In connection with his large practice, he conducted also a profitable drug business.

It was during his sojourn in Dr. Long's office as a medical student that he sportively administered ether to a negro boy, unintentionally producing complete anæsthesia, which Dr. Marion Sims says "is unquestionably the first case in which sulphuric ether was ever given to that extent." This occurrence undoubtedly largely influenced Dr. Long in his decision to first employ it in a case of surgery in 1842. But as these circumstances are now matters of history, it is unnecessary to further allude to them here.

Dr. Wilhite was a member of this Association about twenty years, attended nearly all its meetings, was an active and interested participant in all its proceedings, and often contributed papers of interest.

In our discussions, whether on business or scientific questions, we were constrained to respect his honest convictions, even if we may have dissented from his views. And while he was tenacious of his opinions, he was never swayed by blind obstinacy, but would ever yield to the light of reason.

He was repeatedly elected Vice-President, but declined the solicitation of his friends to accept the Presidency of the Association.

At our last annual meeting he was in his usual sound health and buoyancy of spirits, and there was a promise of additional years of usefulness. But his sudden death and vacant seat admonish us how frail a tenure we have upon life.

We valued him as a true friend and useful member while living—we mourn for him in death. But we bow in meek submission to the will of Him "who doeth all things well."

F. D. COLEMAN, M.D.,

of Waterloo, Laurens county, S. C., died at his home, November 13th, 1892, of apoplexy, after a few hours illness, his age being about 55 years.

He attended his first course of lectures at the Jefferson Medical College, and afterwards graduated at the Medical Department of the University of Georgia.

He did a large and lucrative country practice up to the time of his death.

He was a member of the Laurens County Medical Society.

At the meeting of the South Carolina Medical Association, at Laurens, in April, 1890, he also became a member of it.

He leaves a widow, but no children. He was highly esteemed by the community in which he lived and practiced for more than thirty years.

For the following in relation to Dr. F. M. Robertson, who was President of the Association 1879-80, we are indebted to Dr. John Forrest, of Charleston, S. C.:

FRANCIS MARION ROBERTSON, M.D.

Dr. Robertson was born near Calhoun's Mills, on Little River, Abbeville District, S. C., of Scotch descent, inheriting the sturdy independence and tenacity of purpose, as well as the religious principle, so characteristic of that people.

His father and mother, William Robertson and Pamela Moseley, both came from Chesterfield county, Va., with their parents, about the year 1804, and having settled in Abbeville District, were married there January 30th, 1806. His father, who was animated with all the ardent patriotism of the generation succeeding the Revolution, and full of admiration for the heroes of those days, named his first-born after the great partisan leader, General Marion. From this, as well as from direct inheritance (his father was a Captain in the War of 1812), we may well suppose our friend derived his military instincts. In later life, partly from the coincidence of his initials (F. M.), and partly from his soldierly bearing and career, he was familiarly known among his contemporaries as "Field Marshal" Robertson.

His early youth was spent in Abbeville District, and here he received his primary education at the county school, then taught by the Rev. Dr. Moses Waddell, from whom, doubtless, he imbibed a taste for mathematics, as from his father he received a bias towards a military life; for in 1823, having sought and obtained an appointment to a cadetship at West Point, he was sent to the Academy at Newburg, N. Y., to prepare for the school. He entered West Point in 1824, and remained there two years, when, becoming dissatisfied, he determined to abandon the military for a medical career. Accordingly, he resigned his appointment in 1828, and, returning home to Augusta, Ga., where his parents had now removed, he entered upon the study of that profession, to which, for the rest of his life, he gave himself, heart and soul. His preceptor, Dr. Louis Ford, of Augusta, a man distinguished in his profession, and revered by all that knew him, early indoctrinated his pupil into the principles of a sound and conservative practice—principles to which he adhered through life.

In 1828, he matriculated at the Medical College of South Carolina, in Charleston, and attended the customary two courses of lectures, besides taking a private course from Professor Eli Geddings. At that time, Holbrook, Dickson, Geddings, and other distinguished men, occupied chairs in the College, which was rapidly rising to the zenith of its prosperity.

Dr. Robertson graduated March 19th, 1830, and at once commenced practice in Augusta, where he became very successful. Of tall and handsome figure, and

prepossessing personal appearance, possessed also of conversational powers of no ordinary ability, superadded to solid attainments in professional skill and knowledge, he could not fail to command success throughout his career. He was a man *facile princeps* among his peers.

In 1831, he married Miss Henrietta Righton, of Charleston, by whom he had nine children. Four sons only survived him, and of these one is since dead.

In 1836, at the breaking out of the Seminole War, Dr. Rebertson, then Captain of the Richmond Blues, of Augusta, volunteered with his command, and was sent to Florida, where he served with distinction, having been promoted to the command of all the volunteers. At the close of the War, he returned to Augusta and resumed the practice of his profession; but in view of the larger field, and other advantages that Charleston at that time afforded, he removed to the latter city in 1845, where he soon built up a first-rate practice.

When South Carolina seceded in 1860, Dr. Robertson was appointed Surgeon of the Sixteenth Regiment of Militia, and later on he was appointed one of the Board of Medical Examiners, along with Dr. Eli Geddings and Dr. R. A. Kinloch.

On the re-opening of the Medical College after the War, he was elected, in 1865, Assistant Professor of Obstetrics, of which, more than any other branch, he had made a specialty, and his gifts as a lecturer at once attracted the students, with whom he was always popular. On the death of Dr. Thomas G. Prioleau, in 1866, Dr. Robertson succeeded to the Chair of Obstetrics and Gynecology, which he continued to occupy till 1872, when a change was made in the arrangement of the course, and he became Professor of Gynecology and Clinical Obstetrics. In 1873, he resigned his professorship and retired from the College. He continued, however, for many years Consulting Physician to the Roper Hospital.

In 1881, he retired from practice, and spent the remainder of his days in literary and philosophical studies and in social intercourse with his family and friends.

In March, 1891, he had a stroke of paralysis, after which he gradually failed, and died from exhaustion July 15th, 1892, in the 86th year of his age.

Dr. Robertson contributed many valuable papers to the medical journals, more particularly to the Charleston Medical Journal, the Transactions of the South Carolina Medical Association, the American Journal of the Medical Sciences, and the American Journal of Obstetrics.

Among other contributions he made to the advancement of his profession, Dr. Robertson introduced a modification of Hodge's Obstetrical Forceps, which has proved an exceedingly useful, as well as elegant, instrument. He published a description of the instrument, with some general remarks on the use of forceps, in the *American Obstetrical Journal*, February, 1872.

Dr. Robertson was in every way a remarkable man, and, while his distinguished manner and striking personal appearance impressed the most casual observer, there was a native strength of character within him that commanded, from those more intimate with him, a reverence accorded to few. With his family his word was law. What he said or did they felt must be right. So it was with his patients. There was a magnetic influence in his presence that inspired the fullest confi-

dence and bore down all thought of opposition; and it was this, more than the power of the drugs he administered, that made his practice a success; for in any event, it was a sure conclusion that, if Dr. Robertson could do nothing, then nothing could be done.

He was a man of strong religious convictions, and no neology or scientific infidelity could dim the lustre of his faith or disturb his confidence in either the living or the written word of God. To him were permitted glimpses of Divine truth, which shed light and joy upon his life, such as many of the Masters in Israel still wait to see.

But it is upon the characteristics of his heart, rather than of his intellect and force of mind, we would love to dwell. As a parent, fondly affectionate, he was ever solicitous for the welfare of his loved ones, evincing continually the tenderest interest in every member of his numerous family.

In his friendships, he was ever true and faithful, ever sympathetic, and it seemed as if he could never do enough for those to whom his heart went out.

His charity was free and unstinted, but of that kind whose right hand knoweth not what the left doeth.

As a citizen, he always took an active interest in public affairs, and shortly before he retired from practice he was Chairman of the Democratic Convention that nominated the Hon, W. A. Courtenay for Mayor of Charleston—a stormy gathering, over which he presided with consummate skill and tact.

His was a well-spent life, and he laid it down full of years and honors. One of a thousand may reach the limit of years to which he attained—not one of a thousand leaves, in other hearts, the tender memories and grateful recollections which are the living monuments to his goodness, his greatness and his noble deeds.

Dr. F. L. Parker took exception to the Committee's report on the ground that it did not provide that the resolutions of sympathy should be sent to the families of the deceased members.

Dr. Parker held that such an amendment was only right and proper. offered as a resolution that the report of the Committee be accepted, and that the Committee be requested to incorporate in it suitable resolutions to be sent by the Secretary to the families of the deceased members. Following the resolution, Dr. Parker paid a glowing tribute to the memory of his deceased friend, Dr. P. A. Wilhite. He said: "In the death of Dr. Wilhite we have lost a very earnest and valuable member. He was sure there was no one better liked by those who knew him well. Although very blunt and straight-forward in his speech, there were some remarkable traits of character about him. He was one of the most original thinkers that he had ever known, and he was a natural-born doctor. With an independence of spirit that was greatly to his credit, he left home at 16 years of age, and made enough money to send himself to college, and he told him that, although his father left some property, he refused to touch a dollar of it, declaring that his share should be divided among his sisters. His originality of thought was evidenced by his application of cold water in the treatment of measles, also in connection with his administration of ether, alluded to in the report of the Committee on Necrology.

Dr. F. P. Porcher heartily seconded Dr. Parker's resolution and remarks. The resolution was then adopted.

The Association then took a recess until 4:30 p.m.

WEDNESDAY, APRIL 19.—AFTERNOON SESSION.

The Association reassembled at 4:30, Dr. Nardin presiding.

The following telegram from Dr. A. N. Talley was read and received as information:

COLUMBIA, S. C., April 19, 1893.

Dr. W. H. Nardin, President South Carolina Medical Association:

Circumstances beyond my control deny me the pleasure of meeting with the Association. The paper which I had hoped to submit is unavoidably postponed. Deeply regretting my enforced absence, and wishing you the largest success for the meeting,

I am yours, sincerely,

A. N. TALLEY.

Dr. Manning Simons reported several cases of wounds of the head which had occurred in his private and hospital practice. (See later issue for paper, with discussion.) Referred to the Committee on Publication.

Dr. C. W. Kollock read a paper on Purulent Ophthalmia. (Published in May JOURNAL.) Referred to Committee on Publication.

Dr. W. F. Strait read a paper entitled Cases of Abdominal Section. (See later issue for paper, with discussion.)

The Secretary read the following communications:

CHESTER, S. C., April 15, 1893.

DR. W. H. NARDIN, President South Carolina Medical Association:

DEAR SIR:—The Town Council of Chester hereby invites the South Carolina Medical Association to hold its next annual meeting in the town of Chester. This invitation is heartily endorsed and earnestly supported by all the physicians of the town and by all the citizens.

Attest: C. C. EDWARDS, Clerk and Treasurer.

S. M. JONES, Intendant.

Received as information.

CHICAGO, April 6, 1893.

W. P. PORCHER, M.D., Charleston, S. C.:

DEAR SIR:—We take pleasure in enclosing you a circular relating to our Physician's Bureau of Service and Information to be operated during the Columbian Exposition, together with copy of a resolution adopted by the Practitioner's Club of this city.

Ample accommodations are being provided for the entire medical profession, and we take pleasure in extending, through you, an invitation to each and every

member of your Association, trusting they will not hesitate to avail themselves of the privileges which we offer without cost to them. We feel that, with our commodious quarters, large force of employes and thorough acquaintance with the city, we can be of great service to those physicians who visit Chicago during the Fair

We shall endeavor to furnish the very best accommodations and to render the service in such a manner that no sense of obligation will follow.

We have sent a copy of this letter to the President of your Association, and ask, if it meets with your approval, that your Association, as a body, be invited to take advantage of our offers,

Very truly your friends,

CHAS. TRUAX, GREENE & CO., CHAS. TRUAX, Pres. & Manager.

Received as information.

BINGHAM, S. C., April 8, 1893.

DR. J. C. WILCOX, Darlington, S. C.:

DEAR DOCTOR: -Will you please present the enclosed resolutions to the Secretary of the State Medical Association-some that were passed at the last meeting of the Marion County Medical Association. They are in regard to a new State Board. I would be very glad if you would send them to him, as I do not know his address.

I am, very respectfully,

T. B. HAMER, Secretary M. C. M. A.

RESOLUTIONS OF THE MARION COUNTY MEDICAL ASSOCIATION.

WHEREAS. The medical profession seems to us in a state of confusion in reference to a regular organized head to ascertain who are and who are not fit to hold and enjoy the rights of the profession, therefore

Resolved, That it is the sense of the Marion County Medical Association, in regular session, that there should be a State Board to investigate and examine into the claims of persons proposing to practice medicine in this State, and that we earnestly call the attention of the State Medical Association to this matter, and request that they take such steps at their next meeting as will secure the much-needed legislation. We think such steps necessary to protect the profession and the public.

Resolved, That a copy of these resolutions be sent by our Secretary to the Secretary of the State Medical Association, and also a copy be sent to each

member of the Legislature and to the Senator of Marion county.

DARLINGTON, S. C., April 18, 1893.

To the President and members of the South Carolina Medical Association, Sumter, S. C.:

GENTLEMEN: -In accordance with instructions, I transmit the accompanying resolutions which were passed at the last Annual Meeting of the Pee Dee Medical Association, held at Darlington, S. C., on the 5th day of April, A. D., 1893, for action on the same by your body, and I certify as to the correctness of the same. Yours, truly,

JOHN LUNNEY, Secretary.

PREAMBLE AND RESOLUTIONS FROM PEE DEE MEDICAL ASSOCIATION RELATIVE TO STATE BOARD OF MEDICAL EXAMINERS.

Whereas, The Pee Dee Medical Association has always manifested the greatest disposition towards the advancement of the cause of higher medical education in our State, and that several years ago it was, at its suggestion through resolution, that the Medical Association of the State of South Carolina became interested in the matter, and thereby caused the establishment of the State Board of Medical Examiners. There is no question but that the operations of the Board was of incalculable value to our profession and to the people of our State, inasmuch as the standard which was established by it, together with that of the boards of the various other States, was largely instrumental in forcing the various colleges to add one or more year of study to their requirements of graduation. This step on the part of the colleges, we cannot deny, was badly needed. The justice of the law is manifest when it can so easily be seen that it rather compelled inferior colleges to raise their standard, while it assists superior ones to preserve theirs; and

Whereas, On account of personal reasons, two years ago the law was repealed by the General Assembly against the protest of the State Medical Association. The General Assembly, at its last session, having shown a disposition to reënact the law, but the proposed bill which originated in the Senate had the objectionable feature of excepting the graduates from the Medical College of the State of South Carolina from the operations of the law, and that that feature in the bill was either injected therein or championed by certain members of the Faculty of the said Medical College, although the profession in South Carolina, through the State Medical Association, had spoken repeatedly otherwise; therefore be it

Resolved, That the State Medical Association be again earnestly petitioned to

renew its efforts to have the law reënacted.

Resolved, That we do not approve of the efforts of those members of the Faculty of the Medical College of the State of South Carolina in appearing before the Senate Committee and endeavoring to have the said College excepted from the operations of the law, while otherwise favoring the proposed bill, thus tending to defeat the efforts and wishes of the State Medical Association.

Resolved, That these resolutions be transmitted to the State Medical Associa-

tion by our Secretary, to receive such action as it may determine.

Received as information.

On motion, the consideration of the communications from the Marion County Board and the Pee Dee Medical Society were made the special order for 12 o'clock to-morrow.

The Association then adjourned to meet at 8:30, p. m., for the purpose of hearing Dr. Marcy's lecture.

WEDNESDAY, APRIL 19.—EVENING SESSION.

The Association assembled at 8:30, p. m., for the purpose of being addressed by Dr. Henry Q. Marcy, of Boston, Mass., on the Anatomy and Surgical Treatment of Hernia.

By special arrangement with Professor Savastano, of Charleston, the lecture was beautifully illustrated by means of lantern-pictures, projected with calcium light on canvass, this greatly enhancing the value and interest of the address to the audience.

Dr. Marcy spoke for about an hour and a half, and was warmly applauded on closing his learned and intensely interesting address.

On motion of Dr. Cornelius Kollock, the sincere thanks of the Association were tendered Dr. Marcy, and he was unanimously elected to honorary membership by a rising vote.

The Association then adjourned to meet to-morrow morning. The hour of meeting was fixed at 10:30, in order to permit the members to attend the Annual Reunion of the Survivors' Association of Confederate Surgeons.

THURSDAY, APRIL 20.—SECOND DAY.

The Association met at 10:30, a. m., pursuant to adjournment, President Nardin in the Chair.

The Committee on Ethics handed in their report, recommending the following applicants for membership:

P. M. Salley, Sumter, S. C.; W. H. Lawton, Sumter, S. C.; C. P. Osteen, Sumter, S. C.; W. I. Dunn, Elliott's, S. C.; W. A. Dunn, Magnolia, S. C.; S. P. Watson, Latta, S. C.; N. Y. Alford, Wisacky, S. C.; J. H. McIntosh, Newberry, S. C.; S. C. Baker, Sumter, S. C.; T. W. Nettles, Foreston, S. C.; Lane Mullaly, Charleston, S. C.; M. G. D. Dantzler, Elloree, S. C.; J. F. Kenney, Bennettsville, S. C.; W. P. Timmerman, Timmerman's, S. C.; E. J. Kinlock, Charleston, S. C.; Edward F. Parker, Charleston, S. C.; J. H. Munn, Hyman, S. C.; Louis Barbot, Charleston, S. C.; A. C. Dick, Sumter, S. C.; J. H. Furman, Sumter, S. C.; R. B. Furman, Sumter, S. C.

On motion, the report was accepted, and the above-named gentlemen were unanimously elected to membership.

Owing to the unavoidable absence of Dr. George Howe, his report of the Committee on Ophthalmia was read by Dr. Hughson.

The report was referred to the Committee on Publication, and permission was granted the author to make an appendix as desired.

REPORT OF COMMITTEE ON OPHTHALMIA.

Mr. President;—The Department of Ophthalmology presents no startling discoveries during the past year. As there is nothing new to report, I thought it would not be amiss for me to report the results of the examinations of the eyes of the children in the public schools of Columbia. The schools are admirably managed and the provisions for fresh air and light are remarkably good, especially as the buildings are old and not built according to modern school architecture. The number of pupils examined was 611, varying in age from 6 to 18 years. The tests employed were subjective, and therefore the results in the case of refractive errors gave only the relative condition, and not the absolute. Out of 261 boys, there existed cases of myopin, 1; hypermetropia, 30; myopic astigmatism, 18; hyperopic astigmatism, 6—a total ametropia of 71, or 0.27 p. c. of the whole number.

Of 350 girls there were instances of myopia, 18; hypermetropia, 78; myopic astigmatism, 20; hyperopic astigmatism, 9—a total ametropia of 125, or 0.35 p.c.

The total ametropia was 196, or 0.32 p. c. Of these 0.05 p. c. were myopic, 17 p. c. hyperopic, 0.06 p. c. had myopic astigmatism, and 0.02 p. c. hyperopic astigmatism.

The above confirms the statistics as given by various investigators, namely, that hyperopia predominates in those that are ametropic. Ely's examinations of "154 eyes of infants gives 14 p. c. emmetropia, 18 p. c. myopia, and 60 p. c. hyperropia." The percentage of hyperopia decreasing with advancing years, while that of myopia is liable to an increase,

Color Sense.—The color sense was tested by means of Holmgren's worsteds, with the following results: 224 boys had good or normal color sense, and 335 girls had good color sense; making a total of 559 children between 6 and 18 years whose color sense was good.

There were 21 boys and 9 girls who had a fair perception of colors, 15 boys and 6 girls with poor perceptions, and 1 boy with total color blindness; that is, there was 0.14 p. c. of boys with defective color sense and 0.042 p. c. of girls, showing a difference in favor of the girls of 0.098 p. c.

Color of Eyes.—There is a common superstition that grey eyes are the strongest. With a view of ascertaining whether there was any truth in this, I noted the color of the eyes. It was found that there were 219 blue, 130 grey and 262 brown eyes. Of these there were 71 blue, 57 grey and 80 brown eyes that were ametropic. It is seen, therefore, that there were 148 blue, 71 grey and 182 brown eyes that were emmetropic. Of the normal eyes, brown stood first in frequency, blue next, and grey occupied the last place.

Out of the whole number examined (611) there were only 8 cases of granular lids. This seems remarkable, when it is remembered that the school draws its pupils from all grades of Society. It is a favorable commentary on the cleanliness enforced in these schools.

There were 8 cases of strabismus—2 boys and 6 girls. There was 1 case of nystagmus.

The most interesting investigations, namely, that among the colored pupils, I have not completed, but hope to have them ready before the transactions are published, and will add them to this report, if the Association deems them worthy of appearing in the published records.

GEO. HOWE.

The committee to which was entrusted the award of the Price Prize Essay, reported through Dr. Manning Simons that only two competitors had entered for the prize for the best dissertation on the History of Surgery in South Carolina. The committee recommended that the prize be awarded to the essay signed "Pro Bono Publico," the author of which was Dr. Edward F. Parker, of Charleston, S. C.

On motion, the prize was then awarded to Dr. Parker.

Dr. E. Miller made the point that Dr. Parker, not being a member of the Association at the time his paper was handed in, was barred from competing for the prize.

The Chair ruled that the objection was out of order, the award having already been made.

Dr. James Evans moved a reconsideration of the motion to award.

Dr. Mayer moved that the motion to reconsider be laid on the table, which was adopted.

Dr. P. Gourdin DeSaussure, chairman of the Committee on Obstetrics, read the report of that committee.

In illustration of his remarks on pubeotomy and symphyseotomy, he produced the pelvis of a skeleton to show how a separation of two and a half inches at the symphysis of the os pubes would increase the diameters of the pelvis.

In conclusion, Dr. DeSaussure said that there were no views to present in regard to the cause and pathology of puerperal fever; as to its treatment, it was noteworthy that a little conservatism was creeping in. Dr. Price, he said, claims that puerperal fever is being stamped out by cleanliness.

The paper was referred to the Committee on Publication.

Dr. J. A. Hodges, a delegate from the North Carolina Medical Society, was introduced to the Association.

A communication was read from Dr. Geo. R. Dean, of Spartanburg, regretting his inability to be present, and inviting the Association to hold their next annual meeting in Spartanburg.

On motion of Dr. Taber, it was decided that precedence in the reading of of papers be given to those writers who were present in person to read them.

The resolutions of the Marion County Medical Board and the Pee Dee Medical Society having been made a special order for this hour, now came up for consideration.

Dr. J. C. Willcox, by authority of these two bodies, asked to be permitted to withdraw the resolutions. Acting under the same authority, he made the following motion: That the resolutions of the Marion County Board and the Pee Dee Medical Society be received as information, and that the President of this Association appoint a committee, consisting of a representative from each Congressional district, to draft a law on the subject to the next General Assembly, and if possible secure its passage. Adopted.

Dr. Edward F. Parker, by resolution of the Association, read his essay on The History of Surgery in South Carolina; to which was awarded the prize offered by Professor Joseph Price.

Dr. Marcy: I should indeed deem it a great privilege if I were allowed simply to say a word of praise in reference to the essay and the essayist, to whom we have just listened. When we recall the great debt which the world owes to South Carolina for her share in the advancement of medical science, I am quite delighted to offer tribute to the value of her services in aid of suffering humanity. Since I came among you I have been everywhere received as a friend and a recipient of the hospitality for which your Southern land is so justly famous. You can imagine, then, my surprise on being informed that it was the intention of this Association to defray also the expenses of my trip from Boston; and in fulfilment of that intention, I have just been handed a sum of money which I

ask the privilege of laying on your local altar as a contribution to your local science. Feeling as I do, so deeply, I suggested to the committee that it might be that you would place it as a second prize for the author of the second article, which, I am informed, is well worthy of reward. With your permission I, therefore, leave it with your President for this purpose.

Dr. Nardin: As President of this Association, I thank you, first of all, for your brilliant lecture last night, from which we received so much instruction. We are pleased, indeed, with your discussion of the various phases of hernia, and, while accepting this at your hands, we do it simply as a matter of necessity. Inasmuch, however, as we have just awarded a prize given by your predecessor, I am sure we will have also to accept this with many thanks.

Dr. Miller moved that the second essay be also published. Adopted.

Dr. Hodges expressed his high appreciation of Dr. Parker's essay, and called attention in reference thereto to the raising of the cranial bones by Dr. Marion Sims for the relief of convulsions in new-born infants. This, he said, could not strictly be classed as a surgical operation, but should be referred to because within the last three months there has come from it a second discovery by a Northern gentleman, namely, trephining in cases of idiocy.

Dr. Miller: I think that Dr. Wilhite is the author of the practice of raising the cranial bones, and Dr. Sims, in the MEDICAL JOURNAL, gave him credit for the discovery.

Dr Mood extended the members of the Association an invitation to a banquet to be given in their honor to-night by the citizens of Sumter,

On motion, the invitation was accepted with thanks.

Dr. Miller presented the following written appeal from the decision of the Florence County Medical Society in his trial by that body for un-ethical conduct,

Gentlemen:—I present to you an appeal against the decision of the Florence Medical Society, in which Dr. Miller was tried under a charge of un-ethical conduct, on which charge he was found not guilty. Subsequently, at the same meeting, he was found guilty and censured for doing an operation after two reputable physicians had already given an opinion in the case.

This charge was not made at the time of the trial, nor had it been furnished the Doctor in writing.

It is claimed the Society further erred in censuring him for an opinion.

Referred to the Committee on Ethics.

Dr. F. L. Parker reported the following cases:

- (1) Transplantation of the Conjunctiva of a Rabbit to the Human Eye in a Case of Symblepharon.
 - (2) Ligation of the Temporal Artery for Tinnitus-Aurium.
- (3) Entropion, with Lachrymal Stricture, with an Original Operation for the same.
 - (4) Hot Water Applications in the Treatment of Throat Affections, with cases.
 - On motion, Dr. Parker's paper was referred to the Committee on Publication.
 - Dr. A. A. Moore read a paper on Aphasia Following Delivery and Other Cases.

Dr. Moore's paper was, on motion, referred to the Committee on Publication.

Dr. Ancrum exhibited a combined uvulatome and tonsillotome of his own devising; also an instrument for tightening ligatures in deep cavities.

The Association then adjourned until 4:30 p.m.

AFTERNOON SESSION.—SECOND DAY.

The Association met pursuant to adjournment, President Nardin presiding.

The Committee on Ethics reported as follows on the appeal of Dr. Miller from the decision of the Florence Medical Society:

We, the Committee on Ethics of Florence County Medical Society, after a careful investigation of the Pearce-Miller irregularity, beg to report:

1. That Dr. Miller had the right to assume charge of the case.

2. But should not have ventured an operation without consultation, as an opinion had been given by Dr. Pearce. J. H. MUNN,

W. W. CLEMENT, F. H. McLEOD,

Committee.

Had the Florence County Medical Society the right to censure Dr. E. Miller, one of its members, for performing an operation upon a person when such an operation had been deemed unadvisable by physicians who had previously attended the patient?

The Committee on Ethics recommend that the Association should consider the above question.

Very respectfully,

O. B. MAYER, P. T. BAILEY,

C. W. KOLLOCK,

Committee.

The report of the Committee having been received, Dr. DeSaussure offered the following resolution:

Resolved, That Dr. Miller was right to advise and perform an operation on a patient when two physicians, or three, or one, had said no operation was necessary.

Dr. J. C. Willcox: In my judgment the operation should be performed if the consent of the party was obtained. It is a secondary matter whether or not he consults with other physicians. I second the resolution.

Dr. T. G. Simons: This appears to me to have been a lawful procedure on the part of Dr. Miller.

Dr Evans: 'The case was that of a lady who had womb affection. She was a patient of Dr. Pearce's. She had frequent hemorrhages, and was very much reduced in flesh. The woman became more and more emaciated, until finally Dr. Pearce concluded that it was malignant (cancer), and that he could do nothing more, except to use palliatives. Then the husband became dissatisfied and called in Dr. Miller, who undertook the case. He invited two other physicians

and myself to assist him in an operation for laparotomy. When we arrived at the house we found the woman very much emaciated. Dr. Miller told us that he proposed to open the abdomen, and asked me to assist him, which I consented to do. When he opened the abdomen he found the adhesions so great that he could not proceed any further. He then simply closed the abdomen. This is all I know about the case except that the adhesions were formidable, and I saw that he could not go on with the operation. The charges are that Dr. Miller was guilty of unprofessional conduct in taking charge of a case that belonged to Dr. Pearce. The Association met and examined those charges and censured Dr. Miller for undertaking this operation without consulting other physicians.

Dr. Pearce: I did not prefer charges against Dr. Miller, I simply made the statement that it was un-ethical, and that such things should not be; and the matter was brought before the Florence Association by Dr. Covington and others

The resolution of Dr. DeSaussure was then put to the vote and adopted.

Dr. Rees exhibited an iron spike about a foot and a half long which he had removed from the body of a colored boy. He explained that the boy was up a tree picking figs, and fell in such a way as to drive the spike through his body. It entered at the median line of the throat, just below the larynx, passed backwards and outwards through the body, and made its exit between the 8th and 9th ribs, below the inferior border of the scapula, without wounding the lungs. It perforated the trachea, but did not wound any of the vessels, and the boy recovered without any evil effects.

Dr. W. P. Porcher read a paper entitled Paralysis of the Fauces from Bulbar Disease and Bilateral Paralysis of the Abductors.

Referred to the Committee on Publication.

Interesting Cases of Syphilis Manifesting Itself in the Eye and Throat, was the title of a paper read by Dr. E. F. Parker.

Dr. Parker's paper was referred to the Committee on Publication.

Dr. W. J. James read a paper on Hypertrophy of the Faucial and Pharyngeal Tonsils, which was referred to the Committee on Publication.

Some Cases of Abdominal Section were presented by Dr. G. R. Dean, which were read by title and referred to the Committee on Publication.

The Treasurer called attention to his statement of the financial status of the Association, and gave notice that, unless special provision was made, there was the prospect of a large deficiency.

Dr. Taylor moved, as a resolution, that the Treasurer be instructed, if he fails to collect the amount necessary to defray expenses, to send the names of those members in arrears to their county medical societies, and, if necessary, to their trial justices, for collection.

Dr. Darby moved, as an amendment, that the Treasurer be instructed to draw on each member in arrears through the banks.

Dr. Taylor accepted the amendment, and the resolution, as amended, was then adopted.

The Committee on Nominations reported as follows:

For President-John L. Ancrum.

For First Vice-President-James C. Willcox.

For Second Vice-President-A. J. China.

For Third Vice-President—Thomas McKoy.

For Corresponding Secretary-Mazyck P. Ravenel.

For Recording Secretary-W. Peyre Porcher.

For Treasurer-C. M. Rees.

Delegates to the American Medical Association—James Evans, A. A. Moore, Jos. McIntosh, J. S. Hughson, A. N. Talley, B. W. Taylor, Manning Simons, T. Grange Simons, G. W. Morrall, J. O. Wilhite, J. A. Mood, Davis Furman, L. C. Stephens, Geo. R. Dean, T. J. McKie.

Alternates-W. F. Strait, J. F. Mackey, G. E. T. Sparkman, H. M. Stuart.

Delegates to the North Carolina Medical Society—J. H. Harden, C. Kollock, T. A. Crawford.

Delegate to Alabama State Medical Society-M. Michel.

Delegate to Virginia Medical Society-B. W. Taylor.

On motion, the Chair cast the unanimous ballot of the Association for the election of the above nominated officers.

The Chair appointed Drs. Simons, Hughson and Strait to escort the newly elected President to his seat.

Dr. Ancrum made the following remarks on assuming the Chair:

I would indeed be ungrateful if I did not appreciate this unexpected honor that you have conferred on me. It appears to me, however, that it is only an example of the unfitness of things in general and of medical associations in particular, when they choose one so inadequate for the position to which you have called me and left so many that are better qualified. It is not without some misgiving that I take up the mantle so ably worn by our retiring President. Having been among the earliest to become a member of this Association after its reorganization, I have always felt a deep interest and pride in its success. It is true, many circumstances have kept me away from your meetings, but I have, in my humble way, contributed, as far as my ability allowed, to its success. The large number present to-day, the enthusiasm manifested and the warmth of our welcome to this beautiful city, all encourage us to hope that our meetings will continue to increase in interest and importance. However ill-qualified, be assured that during the coming year I will endeavor to serve you to the best of my ability. The following cities were placed in nomination as the place of next meeting.

The following cities were placed in nomination as the place of next meeting: Columbia, by Dr. Taylor; Rock Hill, by Dr. Strait; Chester, by Dr. Linder;

Spartanburg, by Dr. Dean.

On motion of Dr. C. Kollock, the Association decided to meet next year in Rock Hill.

On motion of Dr. Bailey, the Committee on Procuring an Annual Orator was continued in office.

On motion of Dr. Kollock, the thanks of the Association were tendered to Dr. Nardin for his able administration as President during the past year.

On motion of Dr. Ravenel, the thanks of the Association were tendered the citizens of Sumter, the local physicians and the ladies for their generous hospitality, cordial welcome and delightful entertainment.

The Association then adjourned to meet in Rock Hill in April, 1894.

RICHMOND ACADEMY OF MEDICINE AND SURGERY—REGULAR MEETING MARCH 14TH, 1803.

DR. HUGH W. TAYLOR, President, in the Chair.

From our Special Reporter.

Subject: PUERPERAL SEPTICEMIA.

Dr. Jacob Michaux opened the discussion by presenting some of the more generally accepted theories as to the origin of this disease—believing it to be a true sepsis—drawing his information mostly from personal experience. He had never seen a case that baffled him as to its origin, and was inclined to believe that medillesome interference on the part of the obstetrican and nurse was, in most cases, the direct cause of this infection.

For treatment he could not suggest anything new, but advised a more general regard for cleanliness on the part of all who attended a lying-in-woman; use of proper antiseptics; removal of all interference to normal involution. He had seen magnesia sulphat, act promptly as a medicinal aid to a cure.

Dr. George Ben Johnston, noting the prevalence and fatality of puerperal septicemia, thought this one of the most interesting and important discussions the Academy had indulged in for some time. He believed it to be an acute infectious disease, the result of some pus coccus entering the blood through an abrasion in or about genetalia of lying-in-women, either before or after laborif after labor, by the peculiar receptive condition of the denuded endometrium consequent upon labor. These septic germs more often follow in the wake of obstetricians who have recently seen cases of erysipelas or puerperal infection, when it would set in in a few hours. The infection, no matter what its origin, either entered the system through wound in vagina, cervix or uterus-if through uterus, probably from decomposed clot or sloughing of membrane lining uterus, in which case it was manifest in a few hours; but if caused by passage of lochia through cervix, over vaginal tract, its manifestation was delayed. He had seen several cases that occurred before labor, but these he thought exceptional. The treatment he looked upon as what one would most naturally do in cases of suppurating abscesses-get rid of pus and keep parts clean; carefully wash out vagina, before and after labor, with antiseptic solution, and as he did not believe fluids would sufficiently wash out the uterus, he used a curette-sharp onescraping away all of the mucus lining, and stuffed the cavity with iodoform gauze-did not think it safe to throw water into the uterus.

Dr. Geo. Ross followed Drs. Johnston and Michaux in a very forcible resumé of what he considered the most essential points of interest in puerperal septicæmia, either from a clinical or theoretical standpoint. He considered that Nicholas Senn, *primus inter pares* of progressive American surgeons, had laid down an axiomatic truth, verified in everyday practice, that whenever there is extensive bleeding from a raw surface, there is a consequent lessening of blood-pressure, which renders the parts more susceptible to septic invasions; also there

was, as a rule, a delay in the recuperation of such surfaces. Thus the doctor could readily see why a woman at or before labor, examined too often maybe, by both doctor and nurse, might develop an infection, be it heterogenetic or the result of the parous state. He was inclined to give the septic theory the ascendancy, wherein a micro-organism of some description is the patent factor, having found it way to the raw surface of the uterus or vagina ab extra. And, as a more conclusive proof of the uncertainty of the occurrence of this trouble, as well as to its unsuspected and dire results, he reported the case of a lady æt. 26 (3-para). robust; no heredity or personal taints; former labors successful; who developed puerperal septicæmia after a hurried labor of placenta prævia, when pedalic version had to be done. The doctor lost no time in tamponing the vaginarecognizing the strictest laws of antisepsis. The mother's parts were kept scrupulously clean and her toilet pure. The doctor thought this a very unique case, not only because it combined two of the most fatal complications known to a porous woman—placenta prævia and puerperal septicæmia, followed by septic emboric pneumonia, but, in point of fact, that, in spite of all he could do in a precautionary way, she developed septic infection so soon after delivery. He suggested that septic material may have entered before labor set in, and might have been conveyed by means of the sheeting used as a tampon.

The next morning temperature was 105° F., pulse 120. She was given the following prescription: B.—Salol, gr. xxxij; phenacetin, gr. xvj; morphia sulph., gr. 3; ext. aconite root, gr. j. M. et ft. capsules No. viij. S. One every four hours.

She was put upon nourishing foods, stimulants, antiseptic vaginal douches night and morning, the curette having been employed with bichloride solution, 1—4000, the day of chill. In spite of treatment, patient died on the 8th day after infection began.





W. H. H. COBB, M. D..

President Medical Society of the State of North Carolina, 1893-4.

COMPLIMENTS OF THE NORTH CAROLINA MEDICAL JOURNAL.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.—FOR-TIETH ANNUAL MEETING, HELD IN RALEIGH, MAY

9тн, 10тн AND 11тн, 1893.

[Continued from Vol. xxxi., page 284.]

FIRST DAY.—EVENING SESSION.

The Society was called to order by Second Vice-President, Dr. H. H. Harriss, at 3:30 o'clock.

Dr. E. Burke Haywood read a report of a Case of Cerebro-spinal Meningitis. (See later issue.) Referred to the Committee on Publication.

Dr. D. T. Tayloe opened the Annual Debate by the reading of a paper on Rheumatism. (See later issue for paper and discussion.)

The courtesies of the floor were extended Drs. J. W. Chambers, Edwin Geer and Randolph Winslow, delegates from the Medical and Chirurgical Faculty of Maryland.

Dr. Spruill was also invited to take part in the deliberations of the body.

SECOND DAY.—MORNING SESSION.

The Society was called to order at 10 o'clock by Vice-President Harriss.

Dr. J. T. Nicholson read a report of a Case of Cæsarean Section, with Recovery of Mother and Child. (See later issue.)

Referred to the Committee on Publication.

Dr. J. W. Long read a paper entitled Appendicitis Viewed from a Personal Standpoint. (See later issue,)

The paper was discussed by Drs. Booth, Lewis, Whitehead, Chambers, Haywood and Winslow.

On motion, the paper was referred to the Committee on Publication.

During the reading of the paper Governor Elias Carr entered the Hall. The proceedings were suspended and the Society welcomed their distinguished guest by rising. The Governor expressed great pleasure at having the Society meet in the Capital City, and, after alluding to the importance of the medical profession to the well-being of the State, invited the members to call upon him at the Mansion.

Dr. Jones presented the resignation as a member of the Society of Dr. James Spicer. He said he was aware he was behind in his dues, but he (Dr. J.) was ready to pay them.

On motion, Dr. Spicer's resignation was accepted with regret.

Dr. J. G. Ramsay arose and presented to the Society a set of the bound volumes of its Transactions, which the Society accepted with thanks.

The President announced that the hour had arrived for the

CONJOINT SESSION WITH THE STATE BOARD OF HEALTH.

Dr. H. T. Bahnson, President of the Board of Health, took the Chair and called the Conjoint Session to order.

Dr. R. H. Lewis, Secretary of the Board of Health, read his Annual Report. (See later issue.)

It was moved that the report be accepted. Adopted.

On motion, the Conjoint Session was adjourned, and the Society was called to order, with President McNeill in the Chair.

The Committee on Credentials made a partial report, which was adopted.

The President appointed Drs. P. L. Murphy, I. J. Riddick, J. W. Long, M. H. Fletcher and Frank Duffy to compose the Committee on Nominations.

On motion of Dr. R. H. Lewis, Dr. J. G. Ramsay, of Rowan county, was unanimously elected an Honorary Fellow of this Society.

The Secretary read an invitation from Prof. W. J. Young, Principal of the North Carolina Institution for the Deaf and Dumb and the Blind, asking the members to visit his Institution.

The invitation was accepted and the Secretary instructed to communicate with Professor Young.

Dr. T. E. Anderson presented the following

REPORT OF THE BOARD OF CENSORS.

In the case of Dr. Jas. T. Strickland, against whom charges were preferred for unprofessional conduct and want of integrity of character, We, the Board of Censors, after long and careful consideration of all the written evidence submitted to us, which was very voluminous, respectfully report that said charges were not sustained by the evidence submitted, as the counter evidence was far in excess of that produced by the prosecution. But that a careful survey of his general and professional character, by disinterested fellows of this Society, warrant us in recommending that his name be dropped from the roll of membership of this Society.

That, in the case against Dr. J. B. Robertson, of Clayton, formerly of Winston, wherein he was suspended by this Society, at its last annual meeting, for violation of the Code of Ethics in the use of a secret nostrum for the cure of drunkenness and morphine habit; that Dr. Robertson, having appeared before this Board and purged himself of said violation, we recommend that he be reinstated to membership in this Society.

THOS. E. ANDERSON,

WM. H. H. COBB,

Board of Censors.

On motion, action on the report was made the special order of business for 3 o'clock at the afternoon session.

Adjourned to 3 o'clock p. m.

SECOND DAY.—AFTERNOON SESSION.

The Society was called to order at 3 o'clock.

The Secretary read the following report of the committee in regard to the admission of new members:

"The committee to whom was referred the various motions concerning the admission to this Society of the new licentiates of the Board of Medical Examiners, beg leave to report that, after due deliberation, we recommend the adoption of the following resolutions:

"Resolved, That the Board of Medical Examiners be requested to hold its annual meetings on such a day of the week preceding the meeting of this Society as to enable them to complete all of their examinations on the second day of the

annual sessions of this Society.

"Resolved, That licentiates who desire to join the Society, may, upon approval of the Committee on Credentials, be allowed to sign the Constitution before leaving the city, and to complete their membership by the payment of the initiation fee at any time prior to, and including, the first day of the next ensuing meeting."

The above are the amended resolutions, and as thus amended the report was adopted as a whole.

The hour of 3:30 o'clock having arrived, the Society adjourned and attended in a body the memorial exercises in honor of the Confederate dead.

The Society reassembled at 5 o'clock,

The President appointed Drs. C. J. O'Hagan and J. P. Munroe as members of the Committee on the Duffy Prize, to act in the absence of two of the regular committee.

The Committee on Credentials made a partial report. Adopted. •

Dr. Booth offered the following

REPORT OF THE FINANCE COMMITTEE.

RALEIGH, N. C., May 10th, 1893.

Your Committee on Finance, having examined the books and accounts of the Treasurer, find them correct, as follows:

Balance on hand, May 18th. 1892	,339.85 836.77
Balance now on hand	\$502.08

The Committee recommend an assessment of \$2.00 per capita for the ensuing year. And further recommend that the salary for the Secretary and Treasurer for the ensuing year be the same as it now is.

S. D. BOOTH,
R. H. STANCELL,
WM. H. H. COBB,
Committee

Committee.

The report was, on motion, adopted.

The report of the Board of Censors was called up as the special order of business. The first part of the report, regarding the reinstating of Dr. Robertson, was adopted. Dr. Anderson, of the Board, having stated that Dr. Robertson had expressed regret for his violation of the Code and had promised that he would not use the remedy.

There was some discussion in regard to the last part of the report. Dr. Anderson said that the conclusions of the Board had been arrived at after mature deliberation and thorough investigation. He stated that while the exact charges brought against Dr. Strickland, i. e., the specific acts charged against him, had not been proven in the investigation, other facts regarding the accused's character had come to light, on account of which the Board recommended his expulsion from the Society.

It was held by several members that it would be an injustice to take this action, and expel Dr. Strickland without giving him an opportunity of defending himself and refuting these later charges against his character. It appeared, after repeated questioning, that while Dr. Strickland had been notified of the former specific charges, and had come before the Board armed with testimonials as to his good character, endorsed by the county clerk and with the county seal attached, he had not had sufficient opportunity to defend himself against these later charges. It was held by several members that no matter if the charges were absolutely true, the accused should have the opportunity of answering them before he was convicted.

Other members contended that the Board of Censors were a court established by the Society, and that they had carefully investigated this matter, and their report should be accepted.

It was moved that the report be received and adopted.

An amendment was offered that the report be received, and that a copy be sent to Dr. Strickland, and he be notified to present himself at the next meeting of the Society to answer the charges brought against him, and prove his innocence, failing in which, his name would be dropped from the roll of membership.

The amendment was adopted,

In reply to a question the President said Dr. Strickland would continue a member until the next meeting, when he would have an opportunity of answering these charges.

On motion of Dr. Long, the report as a whole, as amended, was accepted.

The special order of business from last meeting, being the discussion on the proposed new Constitution, was taken up.

On motion, it was decided to act on each Article and Section seriatim.

Articles I. to V. were adopted as proposed by the Committee.

Article VI. Section 1. Adopted.

Section 2. Objection was raised by several members, old and young, to this Section, in that it took from some of the oldest and most experienced members of the Society rights which they had enjoyed from the organization of the Board of Examiners. There were no remarks made in defence of the Section, and by unanimous vote it was stricken out.

Section 3. Adopted as Section 2.

Articles VII. and VIII. were adopted in full.

Article IX., Sections 1 and 2 were adopted.

Sections 3 and 4. It was moved to amend these sections by striking out

Section 4 and by adding to Section 3 the words "and his name be stricken from the roll."

After some discussion, the motion to amend was lost, and Sections 3 and 4 were adopted.

Articles X., XI. and XII. were adopted.

Dr. Knox moved to reconsider the action by which Section 4 of Article VII. was adopted. Carried.

He then moved that the last sentence, which provided that "This report shall be put to a vote without debate," be stricken out.

Dr. Roberts opposed the amendment because it was the object of the Board of Censors to relieve the Society of the work and unnecessary expenditure of time that an investigation and discussion of the evidence would require. He thought that intevery case that came up a discussion would result, which would occupy much valuable time that ought to be given to scientific matters. He thought that the points in any case could not be as thoroughly considered in an open debate as they could by the Board of Censors, who would study all the evidence at leisure.

Dr. Knox thought a sufficient answer to Dr. Roberts' objection would be found in the position in which the Society came near placing itself to-day in pronouncing judgment upon a member when he had not had sufficient opportunity of proving his innocence. The amendment to strike out the last sentence was carried.

The Section, as thus amended, was then adopted.

A motion to reconsider the vote by which Section 2 of Article IV, was adopted was carried unanimously.

It was then moved to amend the Section by inserting after the word "ballot" the words "on the afternoon of the second day of the meeting." Adopted.

The Section, as amended, was then adopted.

On motion, further action on the Constitution was postponed to a later session. The Society then adjourned.

SECOND DAY.—EVENING SESSION.

The Society was called to order at 8 o'clock.

Dr. J. A. Hodges, the Annual Orator, was introduced by the President, and in the presence of a large and highly appreciative audience, among them being many ladies and gentlemen of the city, delivered

THE ANNUAL ORATION.

At the close of the oration, it was moved that the Board of Health have printed 500 copies of the address to be distributed throughout the State. The motion was carried.

On motion, the address was referred to the Committee on Publication.

The Society then adjourned to 9 o'clock to-morrow morning.

THIRD DAY.—MORNING SESSION.

The Society was called to order by the President at 9 o'clock.

Dr. R. A. Patterson read a paper on Diphtheria,

The paper was, on motion, referred to the Committee on Publication.

Dr. Murphy presented the following

REPORT OF THE COMMITTEE ON NOMINATIONS,

Orator-Dr. E. G. Moore, Toisnot.

Essayist-Dr. J. Howell Way, Waynesville.

Board of Censors.—Dr. W. C. McDuffie, Fayetteville; Dr. T. E. Anderson, Statesville; Dr. W. H. H. Cobb, Goldsboro.

Obituary Committee.—Dr. J. A. Hodges, Wilmington; Dr. W. C. Galloway, Winston; Dr. W. J. Jones, Goldsboro.

Committee on Publication.—Dr. Geo. G. Thomas, Wilmington; Dr. Thos. S. Burbank, Wilmington; Dr. W. J. Love, Wilmington; Dr. R. D. Jewett, Wilmington.

Delegates to the American Medical Association.—Drs. C. J. O'Hagan, Willis Alston, A. W. Knox, M. R. Adams, S. J. Montague, W. P. Beall, R. L. Gibbons, J. P. Munroe, Albert Anderson, Hubert Haywood, F. W. Hughes.

Delegates to the Southern Surgicul and Gynæcological Association.—Drs. W. D. Hilliard, Charles Duffy, W. J. H. Bellamy.

Delegates to the Virginia Medical Society.—Drs. R. H. Stancill, D. A. Stanton, R. H. Whitehead, W. H. Jackson, H. H. Dodson.

Delegates to the South Carolina Medical Association.—Drs. W. L. Crouse, Thomas Stamps, A. M. Lee.

Delegates to the American Fublic Health Association,—Drs. R. H. Lewis, J. L. Laxton, K. M. Ferguson.

Delegates to the British Medical Association and International Medical Congress.—Drs. N. J. Pittman, J. G. Ramsay, D. G. Caldwell, S. Westray Battle, Karl von Ruck.

Delegates to the North Carolina Pharmaceutical Association.—Drs. E. R. Michaux, W. H. McKinnon.

P. L. MURPHY,

F. DUFFY, J. W. LONG,

M. H. FLETCHER,

Committee.

The report was accepted.

On motion of Dr. Pool, the Secretary was instructed to write to Dr. R. L. Payne and request him to send his paper on Errors in Diagnosis to the Committee on Publication.

Dr. J. P. Munroe presented his

REPORT ON SURGERY.

The paper was referred to the Committee on Publication.

The President announced that the hour had arrived for the election of officers of the Society for the ensuing year, whereupon he appointed Drs. Cheatham, Stamps and Alston as tellers.

Nominations for President were declared in order.

Dr. O'Hagan placed in nomination Dr. W. H. H. Cobb, of Goldsboro.

Dr. Powers put in nomination Dr. H. H. Harris, of Wake Forest.

The claims of both these gentlemen were very ably presented to the Society by their respective supporters, and there were many seconds to each nomination.

Dr. Summerell nominated Dr. James McKee, of Raleigh, but his name was withdrawn, because, not having attended two of the last three meetings of the Society, he was ineligible for the office of President.

The following was the result of the ballot: Total number of votes cast 122, of which Dr. Cobb received 75, Dr. Harris 46, and Dr. Murphy 1.

Dr. Wm. H. H. Cobb, of Goldsboro, was declared duly elected President of the Society for the next year; and, on motion of Dr. Powers, the election was made unanimous.

Nominations for four Vice-Presidents was declared in order.

It was moved that all four Vice-Presidents be balloted for at the same time, and that they rank in accordance with the number of votes received, the candidate receiving the highest number to be First Vice-President, etc.

The following were placed in nomination:

Dr. Willis Alston, Littleton; Dr. M. H. Fletcher, Asheville; Dr. J. W. Long, Randleman; Dr. W. O. McDowell, Scotland Neck; Dr. J. A. Hodges, Wilmington; Dr. R. W. Tate, Greensboro.

The following was the result of the ballot: Dr. Hodges received 64 votes, Dr. Tate 62, Dr. Alston 58, Dr. Fletcher 54, Dr. McDowell 40, Dr. Long 16, scattering 10, 4

Dr. Hodges was declared duly elected First Vice-President, Dr. Tate Second Vice-President, Dr. Alston Third Vice-President, and Dr. Fletcher Fourth Vice-President.

Nominations for Secretary being declared in order, Dr. R. D. Jewett, of Wilmington, was nominated.

There being no further nominations, on motion, the rules were suspended and Dr. Jewett was unanimously elected by a rising vote.

Dr. M. P. Perry was nominated for Treasurer, and there being no further nominations, he was unanimously elected by a rising vote.

On motion, the Society went into an election of a place for the next meeting. An invitation was read from Mr. G. W. Blacknall for the next meeting to be held in Morehead City, and one from the physicians of Greensboro, asking the Society to meet in that city. Tarboro was also placed in nomination. There being no further nominations, a vote was taken and Greensboro was chosen by a large majority as the place for the next meeting.

After some discussion, the time for the next meeting was made the third Tuesday in May.

Dr. H. T. Bahnson offered the following

REPORT OF THE COMMITTEE ON THE PITTMAN PRIZE.

The Committee on the Pittman Prize beg to submit the following report: Four essays have been presented to us. The conditions imposed by Dr. Pittman require that the paper to which the prize is awarded shall be of scientific merit, and original. Fully realizing the difficulty of attaining this high standard of excellence, and confessing that none of the papers presented come up to our ideal, we are, nevertheless, constrained, both by the general excellence of two of the essays, and in the hope that our action will stimulate future aspirants to greater exertion, to recommend that the prize of \$100 be equally divided between the authors of the following essays: "Omnis Cellula e Cellula," and "Hepaticus," written by Drs. J. M. Hays, of Oxford, and Robert L. Gibbon, of Charlotte, respectively.

HENRY T. BAHNSON, J. F. MILLER, R. H. WHITEHEAD,

Committee.

On motion, the report was adopted.

On motion of Dr. Bahnson, the two unsuccessful papers were referred to the Committee on Publication, with the consent of the authors.

On motion of Dr. Long, the discussion on the new Constitution was taken up. Dr. Long moved to reconsider the vote by which Sections 1, 2 and 3 of Article VIII. were adopted. Carried.

He then moved that these sections be stricken out, and that the following be substituted:

Section 1. The President or Secretary shall, ninety days before each meeting, by circular letter, invite each member of the Society to contribute a paper at the next meeting of the Society, and inform the Secretary thirty days prior to the meeting of the title of his paper.

He claimed that in this way the Secretary would be able to arrange his programme better than by the present plan. He stated that most of the successful societies had adopted this plan of voluntary papers, citing the Southern Surgical and Gynæcological Association, the Tri-State Medical Association, and several others.

The amendment was opposed by several members, who took the ground that the Society would suffer rather than be benefited by the adoption of the amendment. The Society had worked on that plan, and at the time of meeting there were scarcely any papers to be presented to the Society. An ample demonstration of the value of the section system was the reading to-day of Dr. Munroe's paper, which would never have been written had he not been appointed on the Section on Surgery.

In reply to a question, Dr. Long explained that the object of his amendment was to do away with the chairmanships of sections.

The fact of the above-named societies depending upon voluntary papers, was

answered by their being composed, in great part, of specialists who were eager to take that method of gaining a reputation, but that, in a society like this, what was everybody's business would prove to be nobody's.

Dr. Hines thought no move the Society had ever made had done so much for it as the adoption of this system of sections.

The amendment being put to the house, was defeated, a large majority voting against it.

The sections were adopted as they stood.

Dr. Battle moved to reconsider the vote by which Section 4 of Article IX was adopted. Carried.

He then moved that the Section be amended by inserting after the word "meeting" the words "after endorsement by the Committee on Credentials and".

The amendment was adopted, after which the Section, as amended, was adopted.

The By-Laws were then read, and, on motion, the Constitution and By-Laws, as proposed by the Committee and as amended, were adopted as a whole.

On motion of Dr. Bahnson, the Secretary was instructed to have the new Constitution printed in pamphlet form and a copy sent to each member within sixty days from the adjournment of the Society. They were to be bound in uniform size with the transactions of this year.

Dr. Reagan submitted the following

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS.

Your Committee to whom was referred the President's Address, beg leave to submit the following as their report: They would recommend the adoption of his suggestions that there be a permanent committee of five appointed to act in concert with the State Board of Health, whose duty it shall be to arrange, and urge upon the Legislature the necessity of passing, laws regulating hygiene and sanitary measures which are necessary for keeping from our State all foreign contagious diseases, and properly controlling all domestic outbreaks, so as to preserve the health and lives of our people.

We would also recommend that the law be so changed as to make it compulsory to have physicians elected to the office of coroner, and that the county superintendents of public health be relieved from making post-mortem examinations, and that that duty be performed by the coroner—and other laws that are necessary for the good of the people and the medical profession.

Respectfully submitted,

J. A. HODGES, M.D., J. A. REAGAN, M.D.,

J. H. TUCKER, M.D.,

Committee.

The report was adopted.

The President stated that the hour for special memorial exercises, as had been adopted at last evening's session, had arrived.

MEMORIAL EXERCISES.

Dr. Hines offered the following resolution, which was unanimously adopted:

Resolved, That we have heard with sorrow of the death of one of our oldest, truest and most devoted members, Dr. S. S. Satchwell, of the county of Pender. Resolved, That a page be appropriated in the records to the memory of Dr. Satchwell, giving the dates of his birth, death and admission to this Society.

Resolved, That a copy of these resolutions be forwarded to the family of Dr. Satchwell

In offering these resolutions, Dr. Hines said that we have had no man who was more devoted to the welfare of the Society, or who had done more for it. He was one of the first members, and when Dr. Hines joined the Society, in 1855, he found Dr. Satchwell a very prominent member. His first relation with Dr. Satchwell began in 1863, when the deceased was in charge of one of the State hospitals established at Wilson. He spoke in the very highest terms of the excellent management of this hospital, which equaled, if it did not excel, that of the Johns Hopkins Hospital of to-day. There was no man truer or more devoted to the Confederacy or to the State of North Carolina. He was an earnest student of hygiene and a public benefactor. He was the originator and founder of the Board of Health. He was the first man to appear before the Legislature and bring to the notice of that body the great importance of such an organization in the State. He thought our Society was indebted to but few men more than to Dr. Satchwell, and we ought to hold his name in very grateful remembrance.

Dr. O'Hagan felt called upon to add a word of praise and commendation for our deceased friend and brother, Dr. Satchwell. He and Dr. Satchwell had been friends for fifty years, and during all that time there had been no break in their friendship. If there was anything that commanded his love and admiration it was the Medical Society. He was one of the few who stood at its cradle in the days of its infancy. As to his professional ability, either as physician or surgeon, no remarks were necessary. It is universally admitted that it was of the first order. But there was one peculiarity about him of immense value to this Society. He was active and enthusiastic, and inspired those about him with enthusiasm. He never came empty-handed to the meetings of the Society, and he was a most constant attendant. At the last meeting at Wilmington, one year ago, he read a valuable paper. When he died there was a vacuum made that he fears will not soon be filled.

REMARKS ON DR. THOMAS F. WOOD'S LIFE AND CHARACTER.

Dr. Thomas said: When death comes and takes away from us a loved companion and friend, the tide of life seems to stop in its ebb and flow. The past is a memory, the present is complete in the recognition of death and personal loss, and the future seems so purposeless, that we shun its contemplation. It is a season of grief, surely; but if it serves as well to awaken us to a grateful appreciation of the life and companionship of the one who is at rest, the grief is tempered, and the benefits may be great. When I realized that the life of suffering of Dr. Wood had come to a sudden close, I knew more than I can tell this

Society how I loved the man and how I should miss him. It was my especial privilege, as many of you know, to have been his intimate associate in many ways, and I was in the main his physician in the latter years of his life. Living so closely with him during these years, I came to recognize the depth and strength of his character. He was a man of high ideals and lived up to them. The aspirations of his life pervaded all of his labor. They were not the selfish ambitions of a time-server or place-seeker. He worked for the best, because it was the best as he knew it, and his strict adherence to principle was not always the popular thing to do. I had occasion more than once to stand with him against measures that concerned his friends and mine—but he never failed to come up to the measure of a well-rounded manhood. He was gentle and affectionate in his nature, and, while he boldly denounced wrong-doing, he never lacked the tenderest charity for the short-comings of his fellow-men, or failed to help the weak-hearted or wavering soul.

He came into the work of his life with no help except his own intellect, and his achievements in the departments he essayed to enter bear testimony to his excellence.

I had occasion to read, a few days since, some pleasant and wise words of advice delivered by Dr. S. Weir Mitchell to a class of medical students. Among other things, he told them they would find diversion and benefit from the study of some branch of natural history. As I read after him, I thought of Dr. Wood. He began early the study of botany. It pleased him, and he followed it eagerly, and he grew to a place of authority on all matters connected with the science, certainly so far as the flora of his own region was concerned, that were second to none in the South. He was measurably a pupil of the late Dr. Moses A. Curtis, and cherished for this gentle and earnest man a great admiration and affection. At one time he purposed to reissue Dr. Curtis' "Woody Plants of North Carolina," with many useful additions of his own. I think his ill-health put a stop to this work. This knowledge of betany, added to his professional training, brought him into notice as a worthy person to take a position on the Committee for the Revision of the Pharmacopæia. Mr. Charles Rice, the able and learned Secretary of this Committee, in writing of his death, said that his place would be hard to fill.

His journeys in the country, or an occasional jaunt in the woods near Wilmington, always served him for a day or hour of study. To him the simplest flower, the humble weed, the waving grass, the stately trees—all of them were loved acquaintances. They spoke to him of the wonders of the study he so earnestly followed; and, besides clevating his mind, improving his memory and enlarging his knowledge, they told him, in no uncertain terms, of the greatness and wisdom of the God whom he humbly worshipped.

His career as a journalist was the result of a marked literary taste, and it was signally successful. In the face of numberless obstacles and against great odds, he erected and sustained the MEDICAL JOURNAL of your State, and made it worthy to be the official organ of this Society. His love of letters led him into all the fruitful realms of this delectable study, and he attained to decided promi-

nence among the brothers of this guild. I had the opportunity of reading a brief history of his life, which he wrote for his children. It began its recital with his birth in Wilmington, recounting the period of his boyhood days, his schooling, his companions, brief accounts of the older people of that time, noting also the locations where they lived, and connecting with them bits of local history. It told, in its simple way, the struggles of his youth and early manhood, his first attempts to study medicine, his necessities driving him into a drug store as a clerk to sustain himself—(and, by-the-way, this knowledge, gained under a careful employer, was of great benefit to him afterwards)-his final arrangement to study centinuously under one of the physicians of Wilmington, as was the custom then. It told of the outbreak of the War and of the stirring events preceding it, its interruption of his studies, his entering the army and his life as a private soldier. He was enabled, so his story tells us, to resume his work in medicine, and became a student in the Medical College in Richmond. From this place he was appointed to the position of Assistant Surgeon in the Confederate Army. Thence it told of the great struggle, the deeds of bravery of which he had personal knowledge, and of the men who did them. The memory of these days and of his companions of that trying time, he always cherished with tender affection, and his voice and manner bespoke the earnest pride with which he recalled them. The book is a charming bit of history and a wonderful exposition of his ability of judging men and estimating their worth,

Herein lay much of his power. He was possessed of a sterling character, and chose well his friends and those whom he expected to help in the causes he espoused.

His benevolence was large, often trenching largely upon his means. There are many men, women and children in his native town who yet silently thank him for aid tenderly furnished them in hours of great need.

It is needless, in this presence, to say aught of his labors for this Society, or its offsprings, the Board of Medical Examiners and State Board of Health. You all know that he was instant in season and out of season in his earnest work for the best interests of them all.

Most of you knew him. And to know him was to respect and love him. His life is worthy of emulation, for at its end it left behind a savor of high-minded honesty, purity and righteousness.

Surely he has his reward. We love his memory and speak with tender affection of his days with us. In the full confidence of his Saviour's tender mercies, he laid down his work—and is at rest.

Dr. Henry T. Bahnson, of Salem, said: I can add but little to the eloquent tributes of the gentlemen who have preceded me. In all that elevates and ennobles the human race, Dr. Thomas F. Wood was a shining example. He was one of those rare men who stand out in the history of a century to show that the grace of God does, even now, conform fallen man to His Divine likeness. The mainspring of his character was charity—that God-given inspiration, which raises man to the level of the angels, and stamps the perfect type of enlightened civilization—a Christian gentleman. Esteem, regard—all ordinary terms fall far

short of expressing the feeling inspired by intimate association with Dr. Wood. He loved—he was beloved!

His daily life, his walk and conversation, are an inspiration; his professional labors, his work in our Society and Board of Health, sanctify our efforts to prevent and relieve human suffering; the remembrance of his virtues, his unobtrusive gentleness, his child-like faith, his patient endurance, even unto death, are a benediction.

He has gone to his reward. Let us emulate his example and follow in his footsteps.

These gentlemen were followed by Drs. Hines, Way, Hadley, Carr, Picöt, Hodges, Lewis and Long, who spoke in loving terms of their deceased friend and fellow-member, who, from the time he first joined the Society, in 1867, had never ceased to labor earnestly and untiringly for the welfare and advancement of the Society. They referred especially to his readiness to extend a welcoming hand to the younger members, and to those excellent traits of character which had made him so conspicuously a true man.

Dr. Hodges suggested, and Dr. Lewis put it in the form of a motion, that the Society have made a life-size bust portrait of Dr. Wood, to be presented to the State Library, and that \$100 be appropriated to defray the expenses of the same, the portrait to be delivered to the Society at its next meeting.

The motion was carried unanimously.

On motion, the following were appointed as a committee to take in charge the preparation of the portrait: Drs. Richard H. Lewis and Geo. G. Thomas,

On motion, a committee, consisting of Drs. P. E. Hines, J. J. Summerell and C. J. O'Hagan, was appointed to suggest to the next meeting of the Society some suitable action on the part of the Society for the perpetuation of the memory of Dr. S. S. Satchwell.

Dr. Lewis alluded to the death of Dr. Charles Duffy, saying that, while he was a young member of the Society, he was among the most able physicians of the State. He had done many bold and difficult operations and had reflected great credit upon the Society and the profession.

On motion of Dr. O'Hagan, the Chair appointed Drs. J. G. Ramsay, P. L. Murphy and J. B. Dunn as a committee to draw up suitable resolutions on the death of Dr. Duffy.

The Secretary read an invitation from the Capital Club for the Society to attend a reception and dance, to be given by the Club in honor of the Society. The invitation was accepted with thanks.

A motion was made that all papers that had been prepared for the Society, and which had not been reached on account of the great press of work, be read by title and referred to the Committee on Publication. Objection being made by some of the authors of such papers, the motion was withdrawn.

The reading of Dr. J. M. Hays' prize essay was made the special order of business for the opening hour of the afternoon session, and the Society then adjourned, to meet at 2:30 p.m.

THIRD DAY.—AFTERNOON SESSION.

The Society was called to order at 2:30 o'clock.

The President appointed upon the Committee on Legislation Drs. Λ. W. Knox, T. S. Burbank, Hubert Haywood, K. P. Battle and T. D. Haigh.

Dr. J. M. Hays then read his paper entitled A Plea for the More General Use of the Microscope in Daily Practice, Referred.

The Committee on Credentials made a partial report, which was accepted.

Dr. W. T. Pate read his report as Chairman of Section on Microscopy and Pathology. Referred.

The hour having arrived for the installation of the newly-elected President, Drs. Booth and Roberts were requested to escort him to the rostrum.

The retiring President, in giving over the gavel to his successor, expressed the hope that the latter's administration would be as pleasant and as free from friction as his had been. With thanks to the Society for the kind support he had received, he took pleasure in giving place to one full worthy of the honor.

Dr. W. H. H. Cobb, in assuming the Chair, said that he felt this to be the proudest period of his life, in that he had been exalted to the highest office in the gift of the Society, and that he would endeavor, by their kind assistance, to so conduct the affairs of the office that no reproach would be cast upon it.

Dr. S. J. Montague read his report as Chairman of Section on State Medicine. Referred to the Committee on Publication.

Dr. R. H. Lewis asked the wishes of the Society in regard to the illustrations of Dr. Hays' paper. The drawings are in color; and the text refers to them thus.

On motion, the Committee on Publication were authorized to publish the paper in proper shape, having, however, a proper care to the avoidance of extravagance.

Dr. J. H. Way read a paper on *The Rational Use of Ergot in Obstetrics*, which was referred to the Committee on Publication.

Dr. Hays offered the following resolution, which was adopted:

WHEREAS, The members of this Society have been most cordially welcomed and hospitably entertained during its present session in our Capital city, be it

Resolved, That our thanks are hereby tendered His Excellency, Governor Carr and his Council, for the use of this Chamber as our place of meeting, and for other courtesies; and to the physicians of Raleigh and her citizens generally for their untiring efforts to render our stay in their midst so pleasant and profitable.

REPORTS OF CASES.

Dr. Knox made a verbal report of a case of ununited fracture, except by fibrous union. The patient, a negro man, fell under a turn-table and sustained a compound fracture of the femur, which involved the condyles and injured the synovial pouch. Under strict antiseptic treatment the patient escaped septicæmia, but there was no union of the bony fragments which the reporter attributed to the peculiar location of the fracture. Under the influence of cocaine, chloroform, being contra-indicated on account of the heart's condition, a trocar was passed in and the edges of bone irrigated. This resulted in fibrous union, and it is the intention of the reporter to cut down and freshen the edges of the bone and use an injection of chloride of zinc between the broken fragments and upon the

surfaces of the bone. He promised to make a full report of the case at a subsequent time.

Dr. Munroe reported the case of an old man whose abdomen was enormously swollen. Seven days previously his bowels had ceased to move, and later he had passed some blood. Thinking he had a case of intussusception to deal with, he applied the proper means for its reduction, but failed to get good results. Remembering to have seen his father relieve similar conditions in cattle by introducing his knife-blade into the swollen gut, he introduced his hypodermic needle, with the satisfactory result of the passage of large quantities of gas and a considerable reduction of the swelling of the belly. The next morning he found the old man much better, and he had had three large actions. He thought the bowels had been paralyzed by the extreme distension.

Dr. Booth reported an interesting case of abscess of the sub-maxillary gland, with the discharge of a large salivary calculus.

In discussing Dr. Munroe's case Dr. Knox cited a somewhat similar case which he had seen reported. He thought that constipation caused the excessive accumulation of feces, with absorption and paralysis of the muscular coats of the bowel. The puncture relieved the distension and gave the bowel an opportunity of recovering its power.

Dr. Hays reported a case of crysipelas in a little girl. It began at the knee and spread rapidly. He treated it by local applications and internal remedies. He used iodine and resorcin, but could not obtain any ichthyol. About the fourth day the child was anæsthetized and he made an incision about $\frac{3}{4}$ of an inch above the upper line of demarcation, the incision including only the true skin and entirely encircling the limb. A second similar incision was made $\frac{3}{4}$ of an inch above the first. Then a solution of bichloride, 1-200, was applied on absorbent cotton over these incisions and a protective dressing applied. To his surprise, he found the next morning that the inflammatory process had spread to the lower incision and had extended along this incision, but had not skipped it, except in one place about the size of a finger-nail. The child made a rapid recovery. The little spot which jumped the first incision never reached the second. The crysipelatous process would jump iodine, nitrate of silver and the adhesive plaster; but he believed this treatment was a sure way of arresting it. Of course the treatment is restricted to the extremities.

Dr. Knight had found absolute alcohol very efficacious.

Dr. O'Hagan called attention to the treatment of erysipelas by pressure from the application of simple collodion. He cited three consecutive cases treated by this method with very satisfactory results. The first was a very severe attack of facial erysipelas in a robust young man. He painted the whole face except the eye-lids. The second case was also the facial type, and the third was of the lower extremity. Iron was administered internally at the same time. In reply to a question as to what part of the favorable result, if any, he attributed to the antiseptic action of the ether, he said he thought all the good result was from the pressure of the capillaries,

Dr. R. L. Gibbon was requested to read his paper to which was awarded one-half of the Pittman prize.

Dr. Gibbon responded by reading a paper entitled "Supparative Hepatitis, with a Report of Thirty Cases, Collected from North Carolina."

On motion, the thanks of the Society were returned to Dr. Gibbon, and his paper was referred to the Committee on Publication.

The President announced the following Chairmen of Sections:

Anatomy and Surgery-Dr. R. H. Stancill.

Therapeutics and Practice of Medicine-Dr. C. E. Laird.

Physiology and Materia Medica-Dr. J. P. Fearington.

Obstetrics-Dr. H. H. Dodson.

Gynæcology-Dr. W. D. Pemberton.

Jurisprudence and State Medicine-Dr. A. Cheatham.

Pathology and Microscopy-Dr. J. B. Powers.

As Leader of Debate, the Chair appointed Dr. R. L. Gibbon.

The Secretary read a telegram of greeting from the Louisiana State Medical Society.

The President announced the following appointments:

Duffy Prize-Drs. J. H. Tucker, W. C. Galloway and W. O. McDowell.

To fill vacancy on the Board of Censors, Dr. H. H. Harris.

The following is the full list of applicants for membership reported by the Committee on Credentials:

Drs. John R. Wheless, Centreville; Thomas A. Matthews, Castalia; W. R. Goley, Graham; F. H. Seawell, Archer Lodge; G. M. Bell, Wakefield; W. B. Bullock, Franklinton; R. J. Nelson, Robersonville; Starke Hassell, Roper; T. B. Williams, Ridgeway; Albert Houck, Lenoir; W. W. Gibson, Taylorsville; Henry F. Long, Statesville; J. R. Anderson, Morganton; J. P. Brown, Ashepole; M. F. Morphew, Marion; R. H. Stancill, Jr., Margarettsville; J. F. Highsmith, Fayetteville; B. W. Burt, Enno; J. W. Tayloe, Union; B. B. Williams, Keyser; J. H. Gibbon, Charlotte; J. T. Rieves, Julian; Claude M. Benton, Newton Grove; W. H. Wakefield, Salem; C. A. Julian, Thomasville; R. L. Davis, Bryson City; J. M. Flippen, Thomasville; G. A. Renn, Raleigh; E. F. Strickland, Bethania; Joshua Tayloe, Washington; J. J. Blount, Washington; Robert G. Gill, Henderson; J. M. Templeton, Cary; R. A. Moore, Moncure; Robert L. Gattis, Belle Voir; H. C. Williams, Aberdeen; W. R. Hollingsworth, Mt. Airy; W. H. Nicholson, Louisburg; J. E. Malone, Louisburg; W. J. Hill, Statesville; M. L. Stevens, Enochville; J. M. Sloan, Gastonia; C. N. Roberson, Ascend.

The following is a list of members present, as taken from the register:

Drs. R. D. Jewett, C. Daligny, A. G. Jones, Joel Hill, James McRee, E. Q. Houston, Albert Anderson, P. L. Murphy, Thomas E. Anderson, Wm. H. H. Cobb, M. R. Adams, W. D. Pemberton, J. M. Hays, E. G. Moore, R. H. Stancill, J. F. Miller, J. A. Griffin, C. G. Nichols, J. A. Wise, O. W. Caerts, F. R. Harris, Charles J. O'Hagan, John H. Tucker, R. J. Noble, R. H. Stancell, Jr., E. H. Bowling, W. J. Royster, W. H. Bobbitt, J. B. Dunn, W. Wood, W. E. Turlington, S. J. Montague, J. Howell Way, S. D. Booth, W. E. Fitch B. F. McMillan,

J. V. Hines, J. W. McNeill, J. A. Hodges, J. B. H. Knight, J. P. Fearington, J. A. Reagan, R. W. Palmer, R. J. Achron, G. M. Hackler, John G. Ray, H. W. Lewis, W. H. Whitehead, Duncan St. Clair, J. T. Reid, H. B. Weaver, J. L. McMillan, S. A. Rutherford, M. McI. Tatum, A. W. Knox, Edw. Geer, A. M. Ballard, W. J. Howell, M. H. Fletcher, J. H. Wolff, E. L. Cox, C. J. O'Hagan, P. J. Macon, D. A. Stanton, Thomas Stamps, J. W. Long, H. Johnson, W. E. Powell, John W. Tayloe, Arthur O. Jones, W. G. Freeman, W. T. Cheatham, L. P. Sewell, J. M. Lyler, J. W. White, A. T. Cotten, L. W. Hunter, J. R. Irwin, A. J. Patterson, W. A. Monroe, P. Braun, Samuel A. Henley, R. L. Payne, W. N. Hicks, J. C. Walton, W. H. Harrell, J. G. Ramsay, J. B. Shamburger, C. H. Lewis, Richard H. Lewis, Wm. H Cobb, Jr., S. L. Montgomery, E C Register, E. G. Goodman, K. M. Ferguson, E. D. Roberts, C. M. Poole, W. B. Bullock, J. J. Summerell, J. C. Grady, P. B. Loftin, Willis Alston, Francis Duffy, R. C. Ellis, E. H. Bowling, H. H. Dodson, W. Edwards, W. L. Best, G. T. Sikes, J. J. Mann, Thomas Hill, W. R. Mayo, W. O. McDowell, Robert L. Gibbon, P. A. Nicholson, J. T. Nicholson son, Henry T. Bahnson, J. C. Jenkins, John R. Wheless, A. M. Lee, M. F. Morpheson, E. C. Edwards, Will. B. Crawford, Jenness Morrill, M. F. Fox, Henry F. Long, T. A. Matthews, M. W. Gibson, M. J. Jones, E. P. Laird, N. P. Boddin, B. L. Long, F. S. Royster, G. A. Foote, J. G. Riddick, F. H. Seawell, M. P. Perry, W. H. Bagwell, J. D. Roberts, Joshua Tayloe, H. H. Harris, M. E. Gattis, N. B. Herring, B. T. Cox, Oscar McMullan, J. M. Hays, W. P. Mercer, J. G. Blount, Joshua Tayloe, W. E. Headen, J. W. Chambers, R. A. Moore, J. H. Gibbon, St. Clair Spruill, J. L. McCullers, J. F. Highsmith, J. H. Harden, H. T. Chapin, J. M. Flippin, C. A. Julian, W. R. Goley, C. M. Benton, R. L. Gattis, G. A. Renn, H. Haywood, W. H. Wakefield, James S. Turner, L. J. Picot, E. F. Strickland, T. B. Williams, B. B. Williams, R. Winslow, R. J. Grimes, W. H. McKinnon, Albert Howell, H. C. Williams, Geo. Gillett Thomas, John C. Chase, R. B. Henderson, J. F. McKoy, F. T. Fuller, R. A. Patterson, John L. Moore, G. M. Bell, A. J. Battle, J. T. J. Battle, W. A. Hollingsworth, J. T. Reives, J. P. Munroe, R. W. Thomas, J. G. Broughton, M. W. Harper, Julian A. Baker, W. T. Pate, D. M. Prince, J. M. Manning, J. B. Powers, R. L. Davis, John B. Gaither, K. P. Battle, J. A. Faison, D. C. Harris, P. R. Hatch, F. P. Wynn, W. H. Nicholson, J. E. Malone, J. M. Hadley, A. G. Carr, L. L. Sapp, T. D. Faucette, H. B. Marriott, M. W. Gibson, H. H. Whittaker, W. R. Hollingsworth, R. W. Tate, D. P. Whitley, J. M. Sloan, J. M O'Kelley, T. F. Meisenheimer, C. N. Roberson, J. W. McGee, Sr.

On motion, the Society adjourned, to meet in Greensboro on the third Tuesday in May, 1894.

J. W. McNEILL, M.D.,

President.

ROBERT D. JEWETT, M.D., Secretary.

practical Motes of practice.

RECENT SUGGESTIONS IN THERAPEUTICS, FROM THE Universal Med. Journal:
ACNE ROSACEA.

Apply paste of zinc oxide containing 50 per cent. resorcin several times daily, three or four days. When skin is hard, and before cracking occurs, stop above and apply dressing of gelatin, glycerin, zinc oxide and hot water, covering whole with cottonwool. Skin peels off with dressing after a few days. (Unna, *The Practitioner*, May, 1893.)

ALOPECIA AREATA.

R.—Hydrarg. bichlor., gr. viij; spts. vini rectif., spts. terebinth., aa \(\frac{5}{2} \) ij. M. Sig. To be well rubbed-into the patches, and for some distance around them, once a day.—Hydrarg. bichlor., gr. xij; spts. vini rect. dil., \(\frac{5}{2} \) viij. M. Sig. To be used as a lotion for the entire scalp, face and neck, every evening. To be allowed to dry on (D. W. Montgomery, Pacific Medical Journal, April, 1893.)

CANCER OF STOMACH.

Diet, milk: if latter not tolerated, kefir; last resource rectal alimentation, peptonized. Pain, revulsives, cautery, or blister, and opium internally. Anorexia and Constipation, tinct. of badiana, tinct. of rhubarb, 3 j; tinct. of nux vomica, 3 ss. M. Sig. Ten to 20 drops before each meal. In hyperhydrochloric cases, bicarbonate of soda; in deficiency of the acid, administer it (hydrochloric acid dil.) before meals. (Peter, Revue de Chirurgie et de Therapeutique, April 26, 1893.)

CHLOROFORM NARCOSIS.

Blows with the hand over the region of the heart. Succeeded after all

other methods failed, 45 minutes after cessation of heart-beats. (Kænig, Lyon Medical, May 7, 1893.)

CHOLERA.

Salol, first stage: compounds of phenol, with bismuth, i. e., betanaphtholbismuth. For disinfection, pine-tar, 1 part in 10 of water. (Marzeli Nencki, rep. by Drzewiecki. *Graceta Lakarska*, January 14, 1893.)

CHOREA.

Dip sheet in water at 9° to 10° C. (48° to 50° F.) and, after wringing, wrap patient up to neck. Energetic frictions over sheet. When patient thoroughly warmed up by the rubbing, he is to be wrapped in blankets and remain in bed half an hour. This procedure to be carried out twice a day. (Joffroy, Le Bulletin Medical, May 7, 1893.)

COCAINE-HABIT.

Give (daily) diminishing doses of cocaine, reducing the amount one-half every 48 hours; exhibit it hypodermatically, isolating the patient from all communication with friends, and cutting off every possible avenue of supply; endeavor to give the patient's mind moral support and interest, and keep him under rigid control. So soon as the dose of cocaine is reduced to an infinitesimal amount, give plain water hypodermatically. Give, also, iron, strychnine and mental occupation, (Lewis H. Adler, Jr., after Chas. Meigs Wilson, International Medical Magazine, May, 1893.)

DIABETES MELLITUS.

Salol, gr. 30, three times a day; especially effective in severe cases. (Nicolaier, *The Practitioner*, May, 1893.)

DIPHTHERIA.

Besides ordinary local treatment, viz: tinct. ferri chlor., quinia sulph. and glycerin, with which brush throat regularly, give internally: B.—Liq. hydrag. perchlor., 3 iv; potassi iodidi, gr. xv; tinct. nucis vom., Mxxij; glycerini, 5 j; aq. anethi, ad 5 iv. M. Sig. Two teaspoonfuls every two hours and a half, night and day (C. W. Howatson, Provincial Medical Journal, May 1, 1893.)

WE are indebted to the New York *Medical Record* for the following interesting notes:

LEAD COLIC has been treated with antipyrin in daily quantity of 1 drachm, which is considered by Devic and Chatin better treatment than by any other drug excepting belladonna.

Boric Acid, in daily dose of 50 to 75 centigrammes after a purgative dose of castor-oil containing five or six drops of turpentine, has been found by Tortchinsky to diminish diarrhæa, tympanites and fever in typhoid.

IN MORPHINE POISONING Dr. Daily stretches the sphincter ani with the bi-valve speculum as often as respiration flags, and regards it as a plan worth following.

TRIGEMINAL NEURALGIA. — Dusquenal's crystallized aconitine, 1-200 grain, gradually increased until numbness is felt all over the body, with chilliness and in some cases even nausea.

IODIDE OF POTASSIUM, when given in large dose, should be largely diluted. Delavan recommends essence of peppermint and milk.

Indian Hemp is recommended by Suckling in 10 minim dose of the tincture three times daily, is almost a specific in insanity in women due to mental worry or moral shock, and is also of great value in mania and melancholia.

CAMPHOR given with acetanilid relieves the depressing effects.—Cshesmutzeff.

GALL-STONE COLIC is treated by Thudichum with morphine subcutaneously and large quantities of very dilute lemonade. If collapse threatens, chloroform anæsthesia is recommended,

LIGHT in the sick-room should be insisted upon excepting in a few eye affections and other conditions requiring a darkened chamber.

RED IODIDE OF MERCURY is recommended by Sequin in doses from 1-20 to 1-6 grain, and iodide of potassium, in 20 to 45 grain dose after each meal, continued for two to three months, should be given, in addition to aconitine in tic-douloureux, in the absence of syphilitic history.

IN BAD COLD, gelsemium arrests profuse nasal secretions, quiets headache and neuralgia, subdues cough and pain, favors a re-establishment of the secretions, through its influence upon the skin, kidneys and gastro-intestinal tract. It reduces temperature and pulse-rate, promotes sleep, and creates a feeling of comfort and well-being without in any way approaching narcosis or destroying the oxygen-carrying capacity of the blood-corpuscles. Ten drops of a reliable fluid extract are dissolved in three ounces of water, and of this a teaspoonful is given every ten or fifteen minutes the first hour, then at less frequent intervals.—Aulde.

HEAT STROKE.— Remove clothing, sprinkle with water, cold cloths to the head, hot cloths to the feet, antipyrin, bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically, if necessary.—Med. and Surg. Rep.

Current Literature.

PERIODS OF INCUBATION AND INFECTIVITY

IN INFECTIOUS DISEASES.

Measles.—Fourteen days is reaffirmed as the usual period between exposure and the appearance of the rash. The primary or catarrhal stage is variable. In rare cases the interval may be as short as seven days; and intervals of sixteen, seventeen and eighteen days probably occur occasionally. Measles may be infectious, not only through the primary stage and throughout the acute attack, but also after convalescence has been well established.

The incubation period of Rubeole is thought to vary from six days to three weeks. Infectivity extends from two or three days before the rash is out, and then diminishes rapidly.

The incubation period of *Sma'l-Pox* is commonly twelve days. The "quarantine" period ought to be fifteen days. It is much more infectious during the height of the active stage of the disease than during the initial illness.

The incubation period of *Varicella* seems to be a little longer than that of variola.

The incubation period of Mumps is more nearly three weeks than two. The chance of infection diminishes progressively from the onset of the parotitis, and has ceased in two weeks probably, and in three weeks almost certainly: it is very infectious during the prodromal stage, which is of uncertain duration. and may last as long as four days. Since a person who is about to suffer from mumps is not infectious until, at most, four days before the parotitis appears, it is possible, by quarantining a person first seen ten days after his exposure to infection, to ensure that he shall not infect others; further, since the incubation period is most commonly nineteen to twenty-one days, and is sometimes twenty-five days, it is worth while to quarantine a person who has been exposed to infection a fortnight, or even three weeks earlier.

Epidemic Influenza.—The incubation period varies from one day to feur or five days. A patient may convey infection throughout the whole course of the disease, and even after convalescence has been well established.

Typhoid Fever.—The conclusions as to the incubation period are founded on only 70 cases and various reports of epidemics. In 14 cases the infection was traceable to a single short exposure to the liability to infection; in 15 other cases the evidence showed that the period of incubation must have been less than fourteen days. The period of incubation in typhoid fever may vary within rather wide limits. The interval between exposure to infection and the development of distinct symptoms is probably most often twelve to fourteen days; it is not very infrequently nine or ten days, occasionally eight, and possibly even less. . . In rare cases it is prolonged to fifteen, eighteen, or even twenty-three days.

A case of *Enteric Fever* remains infective throughout the whole course of the disease, from the date of the earliest symptoms of illness until convalescence has been established for at least a fortnight. Evidence is offered that infection can be conveyed by fomites, and retained in them at least two months. The conditions under which the infection is conveyed by water and by milk are discussed. An epidemic due to contamination of milk may be expected to cease at or about the end of the second week after the arrest of the contamination.

nated supply. An epidemic due to contamination of a public supply from large reservoirs is found to come to an end, as far as the occurrence of new cases is concerned, as a rule, not later than the fourth week after the source of specific pollution has ceased. An epidemic due to infected well-water may continue for a much longer period after the pollution has ceased, if the use of the well be continued.—From an Editorial in the Boston Med. and Surg. Journal.

USE OF LIME-WATER IN ARTIFICIAL IN-FANT-FEEDING.

One reason why cow's milk is not easily digested by infants is that the casein formed by the action of the curdling ferment of the gastric juice is dense and tough, while that formed from human milk is flaky. The addition of lime-water to the cow's milk causes it to be precipitated in flakes also, and thus overcomes this disadvantage to a great extent. A tablespoonful of lime-water to an ordinary bottle of milk is enough, and a little sugar of milk may be added to correct the taste of the lime-water-Courant (Revue de Therapeutique Medico-Chir.), has seen the best results follow this practice in gastric catarrh of children. - Therapeutic Gazette.

METHYLENE BLUE IN NEURALGIA AND MALARIA,

According to the Berliner klin. Wochens, Drs. Guttman and Ehrlich have found a decided effect from methylene blue in malaria. Ten centigrammes of the chemically pure drug are given in capsules five times daily. Dr. Immerwhar states in the Deutsche Med. Wochens, that under certain circumstances this drug, given three times daily in doses of from 2 to 5 grs., gives relief in

neuralgia, muscular rheumatism and the nerve-pain of herpes zoster, but not in sciatica.— Chicago Med. Jour.

ANGINA PECTORIS.

In this affection there is little doubt of the benefit of the inhalation of the nitrate of amyl, or of the taking of nitro-glycerin, the latter being preferable for continued treatment. As illustrating this. Charteris gives a short account of a case which came under his observation three years ago. He was called to see a man, aged 45, whose condition was very pitiable. He was lying propped up in bed, and complained of difficulty of breathing and intense cardiac pain-Charteris prescribed a hydragogue cathartic, consisting of three grains of calomel and a quarter of a grain of podophyllin, and told him after the medicine had acted to take a tablet of nitroglycerin daily. In the course of two days he saw him again, and found him much better. He has continued under observation, more or less, since he saw him first, and can attend to his daily duties as a time-keeper in a large public work. The difficulty he experienced in walking with any ease has diminished by adopting a certain procedure in taking the tablets. His own words are, "There is a remarkable improvement in my health with regard to walking, and all through the tablets. By putting one in my mouth previously to starting to my work in the morning, I am able to walk at my ease to the gate-house without halting. Previously to doing this, I had to halt until the pain ceased, from three to five times, and such has been the case for over two years. I can now walk the distance in less than five minutes, and I have known it to take me twenty. I can now walk from my house to the tram-car without a halt, when it usually took me from five to seven stops."- Therapeutic Guzette.

Reviews and Book Motices.

Diseases of the Skin. A Manual for Students and Practitioners. By Charles C. Ransom, M.D., Assistant Dermatologist, Vanderbilt Clinic, New York. The Students' Quiz Sciries. Edited by Bern B. Gallaudet, M.D. Lea Brothers & Co., Philadelphia. Price \$1.00. Cloth. 201 pages.

As customary, in this series the subject is considered in questions and answers. A few pages are devoted to the anatomy of the skin and a definition of the various terms employed in relation to symptomatology, distribution and configuration of lesions of the skin. The diseases are arranged in alphabetical order, and a generous supply of illustrations are furnished. Under the head of "Treatment," in the more important diseases, useful formulæ are given, and an additional formulary is appended.

International Clinics, A Quarterly of Clinical Lectures on Medicine, Neurology, Pedia trics, Surgery, Genito-Urinary Surgery, Gynæcology, Ophthalmology, Laryngology, Otology and Dermatology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by John K. Keating, M.D., LL.D. Volume IV, Second Series, 1893. Octavo. Pp 387 Cloth. J. B. Lippincott Co., Philadelphia.

The volume before us, of this most excellent series, comes fully up to the high standard of its predecessors. Each volume is entirely distinct and independent, being made up of lectures upon various branches of medicine and surgery. The most distinguished men in this country and England and Canada have contributed to its pages, and the contents of each volume is so diversified that the specialist and general practitioner alike will find much of interest and profit in them all. The present volume contains a sketch of Dr. Henry I. Bowditch, by Dr. Frederick J. Knight.

The Diseases of Inebriety from Alcohol, Opium and Other Narcotic Drugs: Its Etiology, Pathology, Treatment and Medico-Legal Relations. Arranged and Compiled by the American Association for the Study and Cure of Inebriety. In one volume of 400 pages. Cloth, \$2.75. New York: E. B. Treat. Publisher.

This book covers practically an unoccupied field of medicine, and might appropriately be termed a "pioneer" work. It contains the most reliable conclusions and studies of eminent authorities on all phases of the disease of inebriety up to the present time. As the scientific study of inebriety is yet in its infancy, this treatise, comprising all the reputable researches of the past twenty-five years, will be of interest to many readers.

We commend, especially to some of the recent "Keely graduates," the perusal of the chapters devoted to "Inebriety from Ginger-Drinking."

Cholera, Its Protean Aspects and Its Management.By G. Archie Stockwell, F.L.SGeo, S. Davis, Detroit, Mich., 1893.

This monograph forms two volumes the Physician's Leisure Library series, and at this particular time it will prove of especial interest, as the author has gone over his subject thoroughly, dwelling at length upon the history, epidemiology, ætiology and pathology. In his preface he is pleased to write, in speaking of the "greatest medical heresy of any age"-the importance attached to the comma bacillus-"it seeks to elevate to the acme of pathological knowledge a vain, visionary, theatrical egotist, devoid of even the shadow of medical training." He thinks "the tendency is to sacrifice truth to self-aggrandizement; to assert individual preferences as to established facts, regardless of results."

Farther on in the book we read: "The fallacious charms of the germ theory

have caused medical men to forget their mission, have prevented the relief of the ill, and produced misconceptions of disease." He then goes on to prove, to his own satisfaction, doubtless, that all those who have accepted the comma bacillus as the cause of cholera, have allowed themselves to be blindly led by the wild dreams of a fanatic. "It is possible, perhaps even probable, that in its natural home . . . it results from miasm, . . . depends for its vigor, more or less, upon the constitutional dyscrasiæ of individuals, and for its persistence upon certain telluric, meteorologic, atmospheric and concomitant unsanitary conditions," It will, however, be well to bear in mind the truth of what Mr. Ernest Hart said: "You can eat cholera and you can drink cholera, but you cannot catch it."

Modern Gynæcology. A Treatise on Diseases of Women, Comprising the Results of the Latest Investigations and Treatment in this Branch of Medical Science. By Charles H. Bushong, M.D. Illustrated. New York; E. B. Treat, 1893. Pp 380. Price \$2.75,

The author of this book has placed before the profession a clear, commonsense statement of the symptoms of the various diseases of the female sexual organs. He has indicated in detail the methods of treatment that can be applied by the family physician, and has carefully explained the little details in methods of examination and treatment which, though small in themselves, go far to make the successful and acceptable gynæcologist.

Many of the illustrations are from photographs and drawings made espe-

cially for this work, which is eminently practical, and will prove very useful to the general practitioner.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. 1893. Eleventh Year. New York E. B. Treat. Price \$2.75.

This convenient reference book puts within easy reach of the busy practitioner the important advances relating to medicine and surgery which are made from year to year. The work is under the editorship of such men as Drs. Aulde, Dujardin-Beaumetz, Ewald, Hare, Macnamara, Priestley, Trendelenburg, Brown-Sequard, etc., whose names are a sufficient guarantee for the excellence of the contents.

NORTH CAROLINA MEDICAL JOURNAL PRIZE.

The North Carolina Medical Journal, desirous of obtaining a history of the surgical work performed by North Carolina surgeons in the past, offered at the Raleigh meeting of the Society, a prize of Twenty-Five Dollars, in cash, or its 'equivalent in the latest surgical works, for the best essay on "The History of Surgery in North Carolina."

This prize will be awarded only to members of the North Carolina Medical Society.

The essays submitted for competition must be printed or type-written, and must be in the hands of the chairman of the awarding committee by May 1st 1894.

This committee consists of Dr. J. M. Hays, Oxford, chairman; Dr. J. W. Long, Randelman; Dr. W. P. Beall, Greensboro.

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Cuts will be provided for any original communications (sent to this JOURNAL only) requiring illustrations, free of cost to the author.

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Editorial.

DR. HUNTER McGUIRE.

We present to our readers with this issue a portrait of Dr. Hunter McGuire, President of the American Medical Association, at its recent session, and an esteemed collaborator of this JOURNAL.

"At the close of the war, Dr. McGuire, with a commanding reputation already established, settled down in his home at Richmond, and was at once accepted as the leader of the medical profession of Virginia. The bent of his mind took him naturally in the direction of surgery, and it was not long until he had made a reputation for skillful surgery which was national and international. He wisely early formed the habit of recording his cases and presenting to the profession, through the medium of the medical journals, the result of his observations His contributions to the literature of the profession have been so numerous that it would be impossible to attempt to present a list of them here. Suffice it to say that they uniformly give evidence of a careful, pains-taking, conscientious

surgeon, with an abundance of work to do and a knowledge of how to do it, and an ability for a direct, terse, instructive style of composition.

"Dr. McGuire is of Scotch origin, and this, to a certain extent, accounts for his frank, straight-forward, sincere and courageous nature. He is in the meridian of life, with the bulk of his best years before him.. The profession of the world has reason to look for much more yet from Dr. McGuire.

"He was first President of the Southern Surgical and Gynæcological Association, and in his annual address that year (1890) he gave a history of the achievements of Southern surgeons that was exhaustive, and at the same time brilliant enough to be the occasion of much congratulation to the medical profession of the South.

"At the last meeting of the American Medical Association, held at Detroit, Dr. Hunter McGuire received the high honor of the unanimous nomination of the American Medical Association for President."

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Dr. Hodges, of the editorial staff of this JOURNAL, has been tendered, and has accepted, the Professorship of Anatomy in the College of Physicians and Surgeons of Richmond, Va.

WANTED!-By a young physician, graduate of Jeff, Med, College, Class 1880, and student of the New York Polyclinic, summer course, 1893, a situation as partner to some elder physician who wishes to retire from practice. A town of not less than two thousand preferred, in N. C or S. C.
Address "D.," care N. C. MEDICAL
JOURNAL, Wilmington, N. C.

Reading Motices.

Pichi is diuretic: favors the expulsion of calculi and gravel, and relieves the irritation caused thereby; modifies favorably purulent discharges; and acts as a general stimulant of the excretory functions.

We make of this preparation the fluid extract, the solid extract, the powdered extract, and filled soluble elastic capsules.

The habitat of this drug is South America. It is diuretic, tonic, terebin-thin ite. It calms irritability, and quickly modifies the urinary secretions in gravel and uric diathesis.

Among formulæ which have been prescribed in connection with fluid extract of Pichi with success are the following:

> R.—Fl. ext. pichi, \(\frac{7}{2}\) ij. Liquor potass., 3 v. Tr. nuc. vom., 3 ij. Elix. calisayæ, q. s. ad., 3 iv.

M. Sig. Teaspoonful in hot water every four or five hours.

> B. .- Fl. ext. pichi, 3 iss. Glycerini, 3 iv. Elix. calisayæ, 3 j.

M. Sig. Teaspoonful in water every three hours till relieved, then three or four times a day.

Therapeutic reports of its application and full information concerning our line of Pichi preparations, will be furnished

on request to Parke, Davis & Co., who were the first to introduce the virtues of Pichi to the American profession.

CHEMICAL FOOD is a mixture of Phosphoric Acid and Phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. The Robinson Pettet Co., to whose advertisement (on page 8) we refer our readers, have placed upon the market a much improved form of this compound, "ROBINSON'S PHOSPHORIC ELIXIR." Its superiority consists in its uniform composition and high degree of palatability.

I take pleasure in recommending the various preparations of the Virginia Pharmacal Company for their purity and efficiency. I know that they are skillfully and carefully compounded, and of good materials, and may therefore be used with entire confidence.

J. S. WELLFORD, M.D., Prof. Dis. Women and Children, Med. College of Virginia. Richmond, Va., Feb. 9, 1891.

DYSPEPSIA, WITH NERVOUS DEBILITY. Invaluable. - B. Fluid hydrastis . . 1 oz. Celerina [Rio]...2 oz. M. Sig. Teaspoonful before each meal. For the above sketch and the plate from which the excellent half-tone portrait is produced, we are indebted to our esteemed contemporary, *The Medical Mirror*.

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The Memphis Journal of the Medical Sciences has bade adieu to its readers the cause of its suspension being the exacting duties of increased professional work which has crowded upon the time of the editor.

Dr. John B. Hamilton has been appointed as Editor of the Journal of the American Medical Association. J. C. Culbertson, who has ably conducted the Journal for the past two years, has returned to occupy his old place in the editorial chair of the Cincinnati Lancet-Clinic.

Dr. Hodges, of the editorial staff of this JOURNAL, has been tendered, and has accepted, the Professorship of Anatomy in the College of Physicians and Surgeons of Richmond, Va.

WANTED! - By a young physician. graduate of Jeff. Med. College, Class 1889, and student of the New York Polyclinic, summer course, 1893, a situation as partner to some elder physician who wishes to retire from practice. A town of not less than two thousand preferred, in N. C or S. C.
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J. S. WELLFORD, M.D., Prof. Dis. Women and Children, Med. College of Virginia. Richmond, Va., Feb. 9, 1891.

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*LACTOPEPTINE CALENDAR." The N. Y. Pharmacal Association, YONKERS, N. Y.

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"ESSE QUAM VIDERI."

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Official Organ: South Carolina Medical Association.

ROBERT D. JEWETT, M. D.,

I. ALLISON HODGES, M. D.,

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AN APOLOGY.

In the New York Medica! Journal, January 28th, 1893, appeard an article by William A. Hammond, entitled: "On Certain Organic Extracts, their Preparation, and Physiological and Therapeutical Effects."

While the record of this author is not one calculated to inspire respect for any opinions that might be advanced by him, yet we were led to accept fully his statements and deductions because of quasi indorsement by the editor of the above named Journal.

Being actuated by a desire to keep abreast of the times, and without any thought or intent of injustice to anyone, we began experimentation regarding the production of so-called "Cerebrine," and other animal extracts, referred to in the foregoing paper. As a result, we were speedly convinced that their manufacture could be completed, without any detriment to the substances themselves, in a much less period of time than that claimed by Dr. Hammond; and, consequently, later we announced our ability to supply "Cerebrin."

Soon after, we were surprised to receive a letter from Dr. Hammond claiming sole proprietorship of the word 'Cerebrine' which, too, had been duly trademarked, and announcing that 'The Columbia Chemical Co. are alone authorized by me to handle the extract+ made by my processes, and that all are made in my own laboratory, under my own supervision.'

Other papers laudatory of "Animal Extracts," and presenting the same general claims, appeared in many other medical journals besides numerous lay publications—thereby demonstrating the fact that the first named article was written and published (as evidenced by Dr. Hammon I's own statements) for the sole benefit of the Columbia Chemical Co., of which he (Dr. Hammond) is President and a large share holder.

Subsequently Dr. Hammond widely disseminated through the mails and by publica cation in the New England Medical Monthly (Dr. Wile) a circular over his own signature, not only attacking us unjustly, but in a manner most scurrilous and unbecoming to an officer, a professional man or a gentleman. He also threatened us, through his attorneys in New York, with dire penalties if we did not cease the sale of the articles.

The development of the fact that the paper in the New York Medical Journal was written and published for mercenary purposes led us to doubt the statements of the author of the article, and incidentally we were induced to have the value of "Cebrine" as manufactured by Hammond, and "Cerebrin" as made by ourselves, therapeutically and physiologically tested. As a result, we are now convinced that both "Cerebrine" (Hammond) and "Cerebrin" (P. D. & Co.) will not respond to Dr. Hammond's claims.

We, therefore, announce, that while we are prepared and willing to supply "Cerebrin," as manufactured by us after our formula, in response to all demands, that we have grave doubts as to the merits of the article, and, therefore, present our apology to the medical profession for the error into which we were unwittingly led by the New York Medical Journal.

We invite correspondenc upon this subject, and are preparel to supply interesting information in printed form to all who will apply for the same.

PARKE, DAVIS & CO.

DETROIT, July 12th, 1893.

NORTH CAROLINA . MEDICAL JOURNAL.

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VOL. XXXII.

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No. 2.

Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript.

INGUINAL HERNIA: ITS ANATOMY AND SURGICAL TREATMENT.

Address of Henry O. Marcy, M.D., of Boston, Mass., before the South Carolina Medical Association, April, 1893.

Mr. President and gentlemen of the South Carolina Medical Association:

Let me assure you that I fully appreciate the honor which you have conferred upon me in the invitation to address you upon this occasion. For a double reason I have been the more willing to call your attention to the subject of hernia; first, because Dr. Kollock, chairman of your committee, suggested it, and second, because it is a theme which has received from me special investigation for quite twenty years. My embarrassment is chiefly in the attempt to compass at all intelligently the subject of inguinal hernia, its anatomy and surgical treatment, in the short hour at my disposal.

In order that I may the better do this, I have invoked the aid of the screen, and present to you a carefully collated list of the best illustrations of the subject, selected with much thought from the monumental works of the early masters to the present.

The first upon the list in point of time is that of Camper, whose accurate anatomical knowledge was of the highest order, and the engravings for his book were carefully made in 1757, although his work was not published until 1801. The first of Sir Astley Cooper's careful studies upon hernia was presented to the profession in 1804. His second edition, which completed the work, was published 1807. These now priceless volumes will ever remain as an enduring monument

to this great master of surgery, who summoned to his aid the best of artistic talent, and made his great work a labor of love, at a cost of five thousand pounds sterling.

The great Italian surgeon, Scarpa, scarcely known to the student of to-day, save by the triangle which bears his name, published in 1812 his monograph upon hernia, which, in excellence of description and beauty of artistic delineation, challenges favorable comparison with the work of even the great English surgeon. Cloquet, of Paris, dissected over five hundred hernial subjects, and gave the fruitage of his indefatigable zeal in his work, which will forever link his name to that of Cooper and Scarpa.

A generation later, however, Bourgery, of France, worked ancw this seemingly exhausted field of topographical anatomy, and enriched the subject with a series of the most magnificent anatomical plates ever furnished to the profession. In this connection, I desire to present to you the illustrations of Darrach, of Philadelphia, who had been a student of Sir Astley Cooper, and who in 1827 had executed these magnificent lithographs, in full size, of the subjects dissected, which are interesting not only because of their accurate anatomical delineation, but also because they are among the very first lithographs made in America.

I shall also present you illustrations from a number of other distinguished anatomists who have made interesting and valuable contributions upon this subject.

Did time permit I should emphasize the accuracy of the knowledge of the early Romans, as also the methods of the surgical treatment of hernia at the time of Celsus—a knowledge, skill and wisdom which challenges favorable comparison with the early part of the present century. I would also gladly trace with you the developmental processes which led up to the surgical cure of hernia by a very considerable number of distinguished operators, in the various parts of Europe, during the seventeenth and eighteenth centuries. To Percival Pott, of London, we are indebted for our first accurate description and knowledge of congenital hernia, who published his celebrated monograph in 1763. The now rare work of George Arnaud upon hernia, published in London in 1748, gives in most interesting detail the surgical experiences of his father and himself, who (in Paris) devoted a large portion of their lives to the surgical treatment of hernia

The history of many of the cases narrated would reflect great credit upon the surgery of to-day. The German surgeon, Heister, wrote with much clearness the description of hernia, its causation, means of cure, etc., which formed interesting chapters of a large volume, now of rare value, and which served as a text-book of surgery for generations in all Continental Europe. He carefully describes the methods of the noted surgeon Petit, by which many cures were safely effected. His packing of the wound with charpie, soaked in spirits of wine, allowing of slow cicatrization by granulation, gave with certitude an aseptic wound, and was the prototype of a method now in common use in New York city.

The currents and counter-currents of surgical opinion are, however, nowhere better represented than in the various phases of the surgical treatment of hernia. The bold operations of those early masters, making free dissections, not alone for the reduction of strangulated hernia, but also for the permanent cure of this distressing affection, when life itself was not in imminent peril, was succeeded by a period lasting to the beginning of the present generation, when all operative measures fell into disuse except in the most extreme cases of strangulation, and then, because of complications arising from delay, the mortality was exceedingly large.

Under almost no conditions, except when death was plainly speedily imminent, was it advised to operate, and, even when attempted, it was undertaken with such misgiving that the dissection of the constricting parts was most unsatisfactory and imperfect.

From the long series of illustrations which I have thrown upon the screen, it is clearly evident that the surgeon of to-day has much to learn not ordinarily taught in the current text-books: First, briefly, the anatomical considerations. In the normal anatomy of the inguinal region in the male, we observe a remarkable disposition of the parts, entering into the construction of the abdominal wall, which permits the passage of the spermatic cord and vessels through the abdominal parietes into the scrotum. In intra-uterine life, at a certain stage of the developmental processes, we find the testes within the abdominal cavity, and to most sufferers from hernia it might appear as a wise disposition had they remained there permanently located. in the same general plan of construction which pertains in the development of the ovary in woman. This certainly would have saved man from many grievous accidents to important organs, placed externally with only a loose tissue-covering and constantly liable to injury, while inguinal hernia would have been no more common in the male than in the female.

Following rapidly the processes of development, we find the testicle, owing to its cremasteric attachment, carrying before it a fold of peritonæum, which, in due process of time, in the normal development of the male, becomes the tunica vaginalis testis—a serous cavity inclosing the testicle.

At its inner point of exit through the abdominal wall, we note that the peritoneum is loosely attached to the cord and makes a slight depression about it—the infundibulum process. Between these two points the peritoneum is more or less closely attached to the cord and vessels, making up the inguinal canal. The formation of this canal is exceptionally interesting. At its internal border we find it is surrounded by a reinforcement of thick connective tissue fascia; the fascia transversalis, which here is developed greatly in excess of any other part of the fascia, and which was first pointed out by Cooper. There is a split in the muscular fibres of the transversalis which here normally surround the canal. The tendinous expansion of the internal and external oblique muscles is woven about the canal in a manner to give it very firm borders upon each side, commonly called Poupart's ligament and the conjoined tendon. When considered in

their relation to hernia, they should always be thought of as the strong limiting lateral borders of the inguinal canal. The relationship normally existing between the internal and external rings, which marks the limitations of the inguinal canal, is of the first importance. While essentially fixed points, they are each subject to slight limitations of movement, owing to changes of the abdominal contents, muscular exertion, etc. But the important point to be ever borne in mind is, that the disposition of the parts is such that it constantly holds the canal at or near a right angle to the line of intra-abdominal pressure, and thus of necessity the walls of the canal. This disposition of the parts is typically the same as is found in the wall of the urinary bladder about the entrance and escape of the ureter, where we note that the greater the pressure caused by the distension of the bladder, the more completely is the ureter closed.

It is the departure from this normal plan of construction which renders hernia possible. In the congenital type it is caused by an arrest of development which leaves the peritoneal process containing the testicle an open sac in communication with the abdomen. Into this portions of the abdominal contents may find entrance.

In acquired hernia, the infundibular peritoneal process about the cord is first deepened, the connective-tissue re-enforcement of the transversalis fascia is weakened and enlarged from above downwards. In this recess a more or less pronounced pocket is found, into which the wave-like impulses of the abdominal contents impinge, until every increase of the intra-abdominal pressure acts as a wedge for the further deformation of the parts. Thus little by little the hernia is formed, frequently not recognized, until the strong barriers of the abdominal wall have at length yielded, and a portion of the abdominal contents burst through the opening and the patient recognizes that he is ruptured.

Did time permit I should enlarge upon this graphic picture, until we might include in the discussion the considerable variations under which inguinal hernia presents itself. However, with these every practitioner is more or less familiar. Naturally also I should discuss the various modern methods of attempt at cure, which have, more or less directly, led up, in the evolution of the subject, to what we now consider to surgical treatment.

Here we pause for a moment to emphasize the monumental labors of Sir. Joseph Lister and to render a passing tribute to antiseptic surgery which has so completely revolutionized all operative procedures. But for the better knowledge which comes from its mastery, the present generation could have hoped for little edvancement over the teachings of the past. Antedating these discoveries, the many battle fields of the late war with their hecatombs of victims had furnished an experience to the profession of America which had carried military surgery to the foremost rank in the teaching of the world. To Mr. John Wood of London the profession is indebted for material advance in the methods for the cure of hernia. It is true that the larger part of his practice was necessarily faulty, since blind surgery is bad surgery. However in his hand, the subcutaneous suturing of the inguinal canal with wire was truly admirable, It is a just

tribute to a great man that, although wedded by many years of experience to this method, he was one of the first to appreciate the great advantage to be derived from Mr. Lister's teachings, making comparatively free dissections of the parts in his operations upon hernia.

I have been particular to point out the anatomical relationship of the parts involved in inguinal hernia, in order to deduce a practical lesson; since it is manifestly obvious that is is the duty of the surgeon in his attempt at cure to reform the structures as nearly as possible to the normal standard. It is readily seen that this necessitates a free dissection of the parts and the first pathological factor of importance is the peritoneal sac and its contents, and had we the time at our disposal we could spend the entire hour upon the discussion of the various methods advocated for its disposition. For brevity's sake I shall be obliged to be dogmatic. The essential factors for the cure of hernia are:

First.—Strict aseptic conditions. These pertain alike to all modern surgical procedures and need not be recapitulated to this audience, all of whom are familiar with their details.

Second — A free dissection of the parts. As a rule the sac should be opened in order to obtain exact knowledge of its contents and condition. It should be freed to its very base and in large old hernia this peritoneal pouch has become so obviously pathologically deformed that its complete removal is advised. The internal ring should be laid bare, so as to permit of the enucleation of the sac and the separation and elevation of the cord out of the wound. The external epigastric artery often courses in the line of the incision. It is not seldom that the size of this vessel is such that the operator fears he has wounded the larger vessel.

Third.—The disposition of the sac. The separation of the sac to its very base before removal is to be recommended as the rule. There are times, however, when it is not easy to free the peritoneal pouch, owing to adhesions to the surrounding tissues; and in large, old, irreducible hernix more or less intimate fusion of the contents to the inner wall of the sac.

It is generally better to open the sac before ligating or suturing through its neck, since by so doing the condition at the internal ring is assured, and by such knowledge the operator is often profited, even when the sac is completely empty. Not seldom the omentum is adherent at the internal ring, and even a constricted loop of intestine may escape observation when it is attempted to resect the sac unopened. Freed to quite within the ring, tension is to be made upon the sac, and then the sutures are applied in the line of the long diameter of the internal ring, and the sac is resected near its base and excised. The retraction should be sufficient to carry the resected peritoneum quite within the ring.

Mr. Macewen and his followers who recognize the (necessarily) from within outward funnel-shaped opening of the inguinal ring after operation, make the attempt to utilize the freed sac, in whole or in part by puckering it up into a mass and with it embracing the internal ring, more or less filling the open space, otherwise left to invite a lodgment of the abdominal contents and wedge open the

canal, causing a return of the hernia. Having demonstrated the feasibility of reconstructing the obliquity of the canal, it needs no argument to show the greater value of such a procedure over the substitution of plugging the opening with pathological tissues.

Fourth.—The Posterior Border of the Inquinal Canal. Having freed the cord to its point of entrance within the abdominal cavity, and lifted it to one side, we are prepared to study the structures which may be utilized in the reconstruction of the internal ring and the posterior border of the canal. Sir Astley Cooper was the first to emphasize the remarkable development of the transversalis fascia, which is here usually found to consist normally of a thick layer of connective-tissue fibers.

In large hernia the lower border of the internal ring has often fallen quite on a line with that of the external ring—direct hernia—but it will usually be observed even where abnormal pressure of the truss has produced absorption that nature made a distinct effort to fortify the parts, and that the lower margin of the ring and the transversalis fascia have become markedly thickened. These structures are to be utilized in the re-formation of the posterior wall of the canal. Upon the lower and outer border this fascia blends with the posterior edge of Poupart's ligament while upon the upper and inner border it unites with the lower edge of the transversalis muscle and conjoined tendon. Often the finger may be introduced into the internal ring to aid in the guidance of the needle, which is made to traverse from side to side the relaxed fascia, and evenly to intra-fold it with a layer of double continuous tendon sutures. These are carried from below upward until the internal ring is closed upon the spermatic cord at its exit from the abdominal cavity. One unaccustomed to the operation will be surprised to note the amount of tissue that may thus be intra-folded to form the posterior border of the canal.

If, however, for any reason the structures seem to be insufficient, it is easy to unite the deeper edge of Poupart's ligament to the lower border of the transversalis muscle, and thus strengthen the parts. This is usually recommended by Professor Bassini, and upon this in larger measure his method of operation is based. Halsted, of Baltimore, has gone one step further and buttresses the posterior wall of the canal by uniting all the muscles beneath the cord, forming an entirely new canal external to them. These operators carry the methods which I have long practiced and taught to extremes which I have rarely found necessary, very likely because by my method of using the deep double continuous suture, I am enabled to coaptate a thick layer of firm resisting structures and reform the posterior portion of the inguinal canal much more closely after the pattern of normal construction.

Once satisfied that the coaptated structures are sufficient, the cord is replaced and the uniting of the external parts is conducted in the same manner, with a layer of deep double tendon sutures joining the divided muscular wall of the abdomen and bringing into close apposition Poupart's ligament with the conjoined tendon quite upon the cord, until the external ring is re-constructed. It is sur-

prising to note the little interference which follows upon the close approximation of the structures upon the cord the entire length of the canal, as evinced by pain, swelling of the testicle, or even ædema of the scrotum.

The structures external to the muscles are best approximated by one or more layers of single continuous sutures taken by means of a Hagerdorn needle introduced from side to side. The skin is closed in a similar manner with a continuous buried tendon suture. The needle, straight or curved, is best held in the fingers and is carried through the deep layer of the skin, entering upon the other side of the wound just opposite the point of emergence of the last stitch. This is important, otherwise the wound assumes a wavy look, owing to the puckering of the skin as tension is made of upon the suture.

This I have termed "the *parallel suture*," since the needle is carried through the skin exactly parallel to the line of incision. It will be noted, however, that when the points of entrance and emergence of the needle are exactly opposite each other the suture lies in the wound transversely, and if, for the purpose of demonstration, the wound is allowed to remain only partially closed, the suture lies in parallel lines, like the rounds of a ladder, and at right angles to the long axis of the wound.

I believe it is generally safer to conduct the entire operation under irrigation with a weak sublimate solution and often not a sponge is needed. It is better to remove shreddy tissue, if much tearing of the parts has occurred, since it is most important to join well vitalized structures in order that primary union may supervene. I think it is also wise to dust the parts with iodoform before sealing the wound with collodion.

It is well worth the while to take the time and trouble to dry the wound, and coaptate evenly the edges of the skin, sealing, if need be, only a portion of the wound at a time. This is best effected by spreading evenly a few fibers of absorbent cotton upon a smooth surface, and moistening with iodoform collodion. This, gently laid upon the approximated edges of the wound soon dries and makes a germ-proof dressing, holding as a splint the tissues in a firm, sure grasp. The treatment of wounds in this way is of sufficient importance to be emphasized, since primary union almost always supervenes without suppuration, pain, or inflamation.

Aseptic animal satures, aseptically applied in an aseptic wound, aseptically maintained. This is the sine qua non, without which more or less of a failure must ensue. Otherwise buried sutures are not to be commended in any wound, and must ever be a source of danger. The advantages of the above method of of operation and closure of the structures for the cure of hernia are obvious. First. By no other means than deep closure of the parts, by the use of sutures to be left in the wound, and not to be subsequently removed—buried sutures—can the posterior border of the inguinal canal be restored, the parts strengthened and reinforced, or even the neck of the sac closed, and the redundant tissue removed. To accomplish such a purpose the use of silver wire, or silk-worm-gut is not to be considered, since, by general consent, these sutures must act as ir-

ritants, and usually are a source of much annoyance and suffering until they are finally eliminated as foreign bodies. Silk is used by many operators for this purpose, but abundant clinical and experimental studies have demonstrated that silk is at the best encapsuled—never absorbed. It may, after months of suffering, be thrown off by suppurative processes.

A wound that is closed asentically in layers with the tendon suture leaves no pockets to become distended with blood or serum, and hence the drainage tube is not required. In aseptic wounds the drainage-tube is ever to be considered as a foreign body, positively harmful, since it separates tissues which should be in contact and if long maintained, this portion of a wound must be restored by secondary processes. During its retention it is ever a positive source of danger from infection, which must be guarded against by the most careful of antiseptic dressings. This is most difficult in the region of the groin, and the large proportion of suppurating wounds following operations for herma, in the hands of our best operators, shows the great risk from an open wound in this portion of the body. The complete closure of the skin by a line of buried animal sutures has been my daily practice for years, and was decided upon in order to prevent stitch abscesses long before the beautiful demonstrations showing their cause to be from the introduction with the suture of the micrococus pyogenes albus, the normal habitat of the healthy skin, aiding in the destruction and proliferation of the dying and dead epithelium.

The iodiform collodion seal is useful in two ways: First. It holds in fixation at rest the divided edges of the skin which should be carefully approximated; secondly, it prevents the possibility of subsequent infection. An aseptic wound thus protected must remain aseptic, and when the tissues are well vitalized union is always primary. If the skin is in close apposition, the union is linear and often after a few months can scarcely be detected.

In many wounds in other parts of the body this is of great value, especially facial wounds in the female. It is interesting to note briefly the repair-processes which supervene in such a wound. Histological investigations upon animals show that the tendon or animal suture is little by little invaded by leucocytes which are abundantly proliferated to surround the material. Gradually, dependent upon age, activity of developmental processes, vitality of structures, etc., this proliferated material is transformed into connective-tissue cells, until the suture is, in large measures, replaced by a band of living tissue. This is important in most wounds, but is perhaps never of greater value than in operations for hernia, where the resistant power of the structures has been long impaired and defective.

An aseptic wound thus closed is rarely painful, ædematous, or even tender to gentle touch. The new proliferated material can be easily felt for a considerable period, and is perhaps at its maximum from four to six weeks after the opertion.

It is with exceptional pleasure that I observe Dr. Simons, of Charleston, S. C., is one of my auditors, since I personally desire to thank him for a service

which he rendered me many years ago, which in part prompted me to undertake a series of investigations, the fruitage of which has been without doubt by far my most valuable contribution to surgery. The buried animal suture now required little laudation. The methods for the cure of hernia which have been so singularly successful in my experience are based upon a seeming accident. I had been taught by Professor Lister the exceptional value of the ligation of arteries with catgut, cut short, and buried in the wound. This, as subsequent investigations demonstrated, was the revival of an old practice which originated in America long forgotten. The closure of the tissues from time immemorial had been by interrupted sutures which it had been supposed necessary to remove at a subsequent period. In 1870, the abdominal opening after the operation for a strangulated hernia was so large, that it occurred to me to close it with buried catgut sutures. Primary union followed without suppuration and I was led to infer that catgut thus buried in the wound was disposed of in a manner similar to that when placed about a vessel. I instituted a series of histological investigations, the results of which are well known to the profession. For this purpose, however, we must have absolutely trustworthy material and I found inherent defects in catgut which are now in general recognition.

Dr. Simons, learning of my studies, sent me specimens of tendon from the tail of the large southern fox-squirrel, which as you know are easily separated into fine smooth parallel fibers. They were beautiful béyond anything I had then seen, but too short and fine for general use. Reasoning from analogy the kangaroo should have tendons similarly disposed and traversing the entire length of the tail. I sent to Australia and secured after much trouble specimens in considable variety from the hunters. I have examined the tendons of nearly all animals likely to furnish material suitable for surgical uses, and find that the tendon from the tail of the kangaroo is in every way far superior, and it has met with the unqualified approval of nearly every operator who has used it, and is now in the market in great quanity and price so that it comes within reach of every surgeon.

The tendon from the tail of the rat is not unlike that from the squirrel. The opossum furnishes better suture material than either, and is of good quality—rather too short, however, for many purposes.

Time does not permit an analytical comparison of the different methods of operation for the cure of hernia. I have recently treated this subject in extenso.*

The operation is eminently a safe one. In a table which I collated of over three thousand cases, the mortality is less than one per cent., and is usually explained as having been from causes which the authors state were accidental, and not due to the operation. In numbers, Bassinni's clinic leads the list—262 operations and only I death, due to pneumonia; Champiennierè reports 254 cases operated upon, 2 deaths; Schede's clinic 165, 2 deaths; Banks, 106 operations, no deaths; Park, 115 operations, 85 reported cured; Marcy, 126 operations, no

^{*}Anatomy and Surgical Treatment of Hernia. Henry O. Marcy., A.M., M.D., LL.D. Quarto, with 66 full-sized illustrations; 8 colored and 37 wood-cuts. D. Appleton & Co., New York.

deaths, 78 traced, 4 relapses. The experience of the late celebrated John Wood, of London, covering years of labor before the period of antiseptic regime, gave only 7 deaths in 339 operations.

By estimate, between three and four millions of the people living in the United States are subject to the usually life-long progressive disability; and if the demonstration is complete that the risk of life is less than two per cent. from the operative procedures instituted for cure, and that scarcely more than ten per cent, are subject to relapses, and these almost invariably in a state improved by the operation, the plea is surely a very strong one to consider favorably the advisability of operation in a very large majority of all the sufferers from hernia.

We are all painfully familiar with the dangers of strangulation in neglected hernia and the large percentage of mortality which results therefrom. It seems to me a duty resting heavily not only upon all surgeons, but upon every physician residing where he cannot easily obtain surgical assistance, that he masters all the details of the operation for hernia, its relief when strangulated, its cure when troublesome, and that he fit himself for the discharge of a solemn obligation, which may at any moment of his professional experience be freighted with the issues of life or death.

I thank you, gentlemen, for your patient attention and for the generous hospitality tendered me by the profession of South Carolina.



PRESIDENT'S ADDRESS.

By J. W. McNeill, M.D., Fayetteville, N. C., President of the Medical Society of the State of North Carolina, Raleigh, 1892-'93. Read at Raleigh, May 9th, 1893.

FELLOW MEMBERS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA:—I am deeply sensible of the honor conferred by an election to the presidency of this Society, and I now most heartily and sincerely thank you for choosing me for the position, without suggestion on the part of a committee.

On February 7th, 1848, a circular letter, signed by J. B. Jones, W. H. McKee, N. J. Pittman, J. A. McRae and R. B. Haywood was issued, calling a State Medical Convention. That Convention was held in this city of Raleigh, April the 16th, 1849, Dr. Frederick J. Hill presiding. The growth of the Society since that time has been gradual but sure, having been carefully planted by sturdy hands in a fertile soil; like a good tree, its branches have multiplied and extended far and wide. It is interesting to know that we can name at this time 490 active members, and with pride we see among the faces, still, so many of the older members of the Society, whose arduous labors have brought us both strength and renown, and notably among these we are pleased to see, and to welcome in our midst to-day, Dr. J. B. Dunn, of this city, whose name, alone, appears as having been placed on the roll in 1849. Our pride is not without hope for the Among the younger members are found many of the most active workers in the profession. The founders "builded better than they knew." From small beginnings the Society has come to be an affair of prime importance. We are to-day exerting a greater influence on public thought and action, and being more and more appealed to in the legislative and economic work of the State, and the public health and safety of the health of our citizens is being more and more committed to our hands. The Society having come, thanks to the labors of our predecessors, to enlarged facilities and greater influence, we naturally ask what work it shall undertake now, that it may fitly represent the profession of the State and do justice to its citizens.

It is true that the chief work of this Society is naturally and properly the scientific cultivation of the healing art. But it is idle for us to discuss and to promulgate doctrines of great importance to the public weal, if we have no power or means of putting our views into action. To this end it seems to me one of the most important things to which the Society should devote itself now and in the future, is to secure for the medical profession a more authoritative position in all bodies of influence, political or social, in sanitary and hygienic matters.

COMMITTEE ON LEGISLATION.

And to more surely attain to this position, I would suggest that there be appointed at this meeting of the Society a standing committee on legislation, whose continual duty it shall be to arrange and to advocate before the Legislature, the Governor and others in authority, the necessary laws regulating all

sanitary and hygienic demands. Also to guard against invasion and injury to laws already established for the protection and well-being of the people. The ignorant or unscrupulous demagogue and enemy of science and bygiene, can be found in every legislative body; and, if allowed full sway, will eventually sap the very foundations of the medical laws, for the good of the people, that have been so firmly laid by the medical profession of the State.

BOARD OF HEALTH.

After so many years of labor, in the face of many difficulties, our Society, through committees, working in co-operation with its Board of Health, has at last caused the establishment of laws, which, if properly carried into effect, will more perfectly than heretofore protect the citizens of the State from the threatening invasions of epidemics, or from diseases that are likely to arise within our own borders. The health conference called by the Board of Health, and held in this city on January 25th, adopted a bill to be recommended to the legislators. The bill, as adopted at that conference, was presented, and passed as a whole by the General Assembly, with the exception of the transference of the control of the Board from the State Medical Society to the Governor. By giving him the appointment of five members of the Board instead of three, as heretofore, and reducing the number to be elected by this Society from six to four. They also reduced the term of office of the members elected by this Society from six to two years, to correspond with the terms of the appointees of the Governor. I look upon these changes in the recommendations as of vital importance. It is to be feared that, under political pressure, the composition and methods of the Board will soon be such that the child will hardly be recognized by its own mother—the State Medical Society. Barring these changes, the law, as prepared by the efficient and progressive Secretary, Dr. R. H. Lewis, and passed by the Legislature, fitly represents this Society, and secures to the people of North Carolina protection from enemies without and enemies within her borders.

The Legislature is to be commended for enacting the law providing a contingent fund of \$5,000 to be expended when rendered necessary by a visitation of cholera or any other pestilential disease.

The law, as a whole, has prepared the way for the Board of Health to have more uniformity of action with the county superintendents of health, and altogether to be placed on a better working basis—not being handicapped and hampered, as heretofore, by lack of authority.

The Society, as a body, and every member of the medical profession in the State, should uphold the Board in their work of protecting our land from dreaded pestilence.

BOARD OF EXAMINERS.

The Board of Examiners is the child and pride of this Society. It is standing as a breakwater against the rush of quackery, ignorance and false pretensions, which are constantly attempting to find their way into public confidence. These examiners are all elected by the Society, and the determining who should prac-

tice medicine within our borders, and how he should be qualified, is the only exclusive right that the law-making powers allow us to enjoy. With this barrier standing between and protecting the people of this State against these evils, it would seem that the legislators would appreciate the work of our Society and recognize the desire on the part of the profession to have laws enacted for the better protection of the people. But such appears not to be the case, as evidenced by the act of the last Legislature in transferring the control of the Board of Health from the State Medical Society to the Governor.

SECTION OF PUBLIC HEALTH.

If the Society sees fit to appoint a committee on legislation, it should be instructed to use every effort to influence Congress in the direction of perfecting our national quarantine laws. Let us be the pioneers and leaders in this matter, as we have been in the establishment and improvement of the system of the Board of Examiners. Prompt and energetic action should be taken, so that, as soon as possible, the quarantine regulations may come under the direction of the General Government, with a Secretary of Public Health at the head of this branch of the Government. It is true that the conference in March, between the officers of the Marine Hospital Service and the quarantine officers of the Atlantic and Gulf coasts, adopted a uniform code of regulations, which, it is believed, will be as effective, as regulations can be made at present, in preventing the introduction of diseases dangerous to the public health. But this is only a temporary arrangement, with no general head, qualified and empowered by law to direct the affairs of the regulations adopted, and to deal efficiently with the great sanitary interests of our diversified climate and our world-wide commerce. With a head of this kind it would inspire confidence in the whole system of quarantine, and we would be encouraged to more active steps in this matter, feeling that there was one at the head qualified and in full sympathy with every movement that we might make towards reform. Therefore let us aim to secure the creation of a central public health organization, having at its head a medical man as a cabinet officer, who shall direct the affairs of this branch of the General Government, and styled a Secretary of Public Health.

INSANE ASYLUM.

The State of North Carolina has one dark blot upon its record, in neglecting to provide suitable and sufficient accommodations for the insane within its bounds. It behooves this Society to take a firm stand in this matter, and through the committee, together with the present superintendents of the asylums, present the necessity of providing more room for the insane, and continue to press it upon the law-makers until the proper action is taken. After the reading of a paper by Dr. J. Allison Hodges, at Oxford, on "The Condition of the Insane of our State Outside of the Asylums," which paper developed some horrible and disgraceful facts, a committee, with Dr. Hodges as chairman, was appointed to lay the matter before the Legislature. The committee did its duty in urging upon the next session of the Legislature the necessity of further accommodation

for the insane. But as is the case with many movements towards reform for the relief of suffering humanity, the Legislature failed to take any action; since that time we have failed to press the matter, and consequently nothing has been accomplished. Contention for a good cause like this should never cease on the part of this society, it matters not what should stand in the way of its accomplishment. We see in every community the elevating and enlightening effect of the asylum treatment, on those who have been discharged. While on the other hand we see so many in need of this treatment, suffering and growing more and more in need of the treatment that can only be given in these institutions, and yet no provision has been made for them by our wise law-makers.

We cannot believe that this state of affairs will continue to exist long, if our committee will persistently urge the matter.

CORONERS.

The committee on legislation should be instructed to exert its influence towards abolishing the present coroner system, and to urge the Legislature to pass a law which will, in the State of North Carolina, as in the State of Massachusetts, make the office of coroner one to be filled, only by a competent physician. The office of coroner is one that properly belongs to a medical man. But it is now only a chance in political nominations that coroners are ever physicians.

COUNTY SOCIETIES.

Sometimes in our great desire to be progressive; we are liable to depart too far from the old land marks; and it is with regret that I see nothing in recognition of the county societies, in the proposed substitute for the old constitution and by-laws. It is necessary that the people throughout the State, should be informed as to what the medical society has done, and proposes to do for them; and the matter of proper laws should be agitated among them, that they may appreciate the necessity of the work; and be in sympathy with those who are laboring for their best interest, and thereby be impelled to urge their legislators to enact laws for their protection. This can most readily be accomplished through the county societies. It is also a well known fact that in the counties having a medical society, the county boards of health are much more active and efficient than in those where there is none. Also, the general tone and dignity of the profession is at a higher grade, and the general walk and bearing of the physician is more in accord with the spirit of the code. Therefore, it would seem wise for the State society to recognize delegates as of old, and in every way to encourage and nurture the county societies.

These suggestions, gentlemen, I have made with a view of encouraging and aiding our society, to rise to that position of authority over the public, and the authorities of the State that it deserves; also, that it may be elevated to our proper position, as arbiter of their hygienic and medical interests.

The question with us should be one of ways and means. And this society, with the educated experience of its members, should be able to discover means by which laws for the better protection of the people are enacted; and to see to it that their being carried into effect, is not neglected.

The North Carolina Medical Journal deserves attention from us. It is recognized as the official organ of our society. It has been, under the old management, a wonderful factor in the elevation and advancement of the profession in the State; and has done much in the interests of laws that have placed us on a higher plane of usefulness. Under the new management, I feel safe in saying, that it will take no step backward, but will push on to greater and better things in the future; and through this medium the society will be enabled to promedigate its ideas of needed reforms in the medical laws of the State. Therefore we should render it every possible support and encouragement.

The international Medical Congress will be opened in Rome on September the 24th, and continue in session until October the 1st of this year. This society should have representation at that meeting. The committee of arrangements announce, that they have already received notice from various countries, that they will be represented; and it is to be hoped that our country will occupy its usual position there.

I cannot close my remarks without a word of tribute to those members of our society whom death has taken from us during the past year. There are two to whom this society will always owe a special debt of gratitude and respect, Doctors T. F. Wood of Wilmington, and S. S. Satchwell, of Burgaw These men did all that man can do. Their loyalty and devotion, their watchful care and self sacrifice, their wise counsels and liberal support will be remembered, and prove an inspiration to every member of this society who values an honorable name.

Both of them were zealous in the work of this society, but particularly in originating the Board of Health. Dr. Wood's faithful zeal for the cause in its darker days continued unabated, until the board was placed on a working basis. Though one feels that his death leaves a gap that no one can fill, his faithfulness to every trust, his versatility of accomplishments, his gentleness of spirit and charity towards others, and the many traits that contribute to his noble nature, will inspire us to emulate his manly character.

Our thanks are due to the Governor for the privilege of meeting in this hall. President Cleveland has said that "the nobility and sacred character of the medical mission, will never lose its interest while humanity is touched with human woe, while self-sacrifice receives the homage of Christian hearts, while the suffering and sorrows of our fellow-men start the tears of pity. nor while their alleviation brings comfort and satisfaction to the soul of sympathy."

This broad and clear conception of our mission must have been the sentiment of our State Executive in tendering this hall,

A PLEA FOR THE MORE GENERAL USE OF THE MICROSCOPE IN EVERY DAY PRACTICE.

By J. M. Hays, M.D., Oxford, N. C. Being one of the Prize Essays to which was awarded the Pittman Prize by the Medical Society of the State of North Carolina, May, 1893.

Omnis Cellula e Cellula.

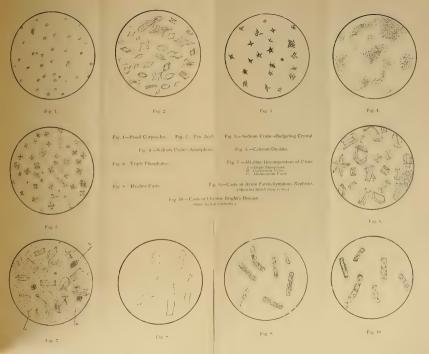
When Robert Hooke, in England, and Father Di Torre, in Italy, were more than two centuries ago prying into the secrets of Nature with the aid of magnifying glasses made by fusing the ends of spun glass into globules, they little realized that the microscope of the future was destined to revolutionize the Natural Science and to become a potent means of lengthening human life and adding much to its comfort.

The history of the evolution of the modern compound achromatic microscope from this simple beginning is full of interest and instruction. We watch the indefatigable Leeuwenhoek as he overcomes the countless obstacles in his way, and finally succeeds in grinding and polishing lenses of uniform figure and short focus. We follow Sir David Brewster and Mr. Pritchard in their ineffectual attempts to overcome chromatic aberration by the use of enses made from diamonds and sapphires, and rejoice with Amici and Ross when they finally accomplish this desideratum by making certain combinations of flint—with crown-glass lenses. In very late years such wonderful improvements have been made by Zeiss, Hartnach, Nachet and others in the manufacture of high grade microscopes and accessories, that we are forced to wonder whether or not the skill of the artificer has any limit, and if the time will not one day come when the homogeneous immersion objective with a magnifying power of many thousand diameters will be laid on the shelf to rust, and its place taken by some "new and improved method" which will reveal to us, forsooth, the parasites which infest our enemy, the staphylococcus pyogenes, and give it abscesses, or tell the tale of woe on the diminutive gonococcus of Neisser and bring it to open shame; for we know that

> "Even to the very fleas have smaller fleas to bite 'em, And these fleas have still lesser fleas, and so ad infinitum,"

But, however much we may admire the ingenuity of skilled mechanicians, as they have patiently labored toward the perfection of philosophical instruments, we are still more impressed with the readmess shown by Medical Science in adapting each invention or improvement to its own use—thus making Art her vassal, and the Natural Sciences, without exception, yield her ample tribute.

And so it is that the individual physician who would lay reasonable claim to being in touch with the Science of Medicine in his own time, must not only be acquainted with what our fathers knew and did, but must be prepared to assimilate to his own use each newly established fact which relates to his profession and make it a part of his general storehouse of information. It is only thus that he can become equipped to render Nature that intelligent assistance which





is so reasonably expected of those who profess our Science and practice our Art. The high-water mark of Medical Science is Pathology. The Surgeon stands with his scalpel in hand impatiently awaiting the signal from the pathological laboratory for him to proceed. We have seen a mighty Empire held in breathless suspense while a tiny particle of tissue from a Prince's vocal cord was undergoing a microscopical examination by the foremost pathologist of the world. The Physician, with pencil and blank before him, dares not prescribe until the microscope makes or confirms his diagnosis. The Dermatologist will tell you directly whether the eruption is parasitic or a neurosis. And even the threatened disruption of family ties has been prevented by the demonstrated absence of Neisser's coccus, and a judgment for having set up a urethritis of vegetable origin been docketed against asparagus. The Hygienist goes ever and anon to the bacteriological laboratory to get his bearings, and when he thus becomes the means of shielding a Continent against the invasion of a deadly pestilence, he wins, and justly merits, not only the plaudits of a Nation, but the gratitude of all mankind.

It would be a work of supererogation for me to go into any argument relative to the germ-theory of disease, so-called, in a paper to be presented to a gathering of physicians such as compose the North Carolina Medical Society.

No medical scholar at this day dares seriously deny that many of the diseases which we are regularly called upon to treat are due to vegetable micro-organisms differing widely in morphological and biological characteristics.

Those of us who were not taught it from the beginning are forced now to admit that the tuberele bacillus is the aetiological factor in tuberculosis, whether manifesting itself are phthisis pulmonalis, scrofulous adenitis, strumous arthritis or lupus. There is scarcely any further room for doubt that the micrococcus pneumoniae crouposae of Sternburg and Pasteur is the direct cause of the disease from which it derives its name. Eberth has convinced the medical world that typhoid fever owes its origin to the presence in the alimentary canal of the bacillus typhosus. We have every reason to believe that malarial fever, in its various forms, is caused by the oscillaria or plasmodium first described by Laveran and subsequently "demonstrated by every observer who has had the necessary training and material at his command." (Oslcr.) We know that the streptococus erysipelatos of Fehleisen and the streptococcus pyogenes of Rosenbach are apparently identical, and that it is this streptococcus also which appears to be the cause of puerperal metritis or septicaemia. We no longer question the conclusions reached by Loftler and Welch that genuine diphtheria is due to a specific bacillus whose pathogenic power has been demonstrated over and over again upon susceptible animals. We know that Pfeiffer has isolated the bacillus of influenza and demonstrated its constant actiological relation to the disease which has given us all so much trouble of late. We know that tetanus is due to a specific microorganism and that Kitasato, with many followers, has produced the disease in the lower animals with all of its characteristic symptoms by injections of the pure culture of the bacillus tetani. Asiatic cholera will not be denied its place in the list of germ diseases by any of us since we know that the spirillum cholerae

asiaticae or "comma bacillus is always present in the contents of the intestine of cholera patients during the height of the disease, and that it is not found in the contents of the intestine of healthy persons or of those suffering from other diseases than cholera." (Sternburg.) My paper is not, I say, in any sense an apology for the germ theory of disease; but I wish to emphasize the fact that it has been, through the instrumentality of the microscope that these data, now accepted by us all, have been established, and that it is only by the aid of the microscope that we can be on familiar terms with the enemies which we are constantly called upon to fight.

Certainly, in the matter of Pathological Histology we, as general practitioners, have an ample field in which to work, and are sure to reap a harvest which will well repay us for all our labor. A reasonable familiarity with the histological anatomy of the various tissues of the body is now very properly required by all medical examining boards; but such knowledge of this subject as may be gained from the authors alone, and witnout the aid of the microscope is of no more value in actual practice than the gross anatomy of the books studied apart from the scalpel and dissecting room. Every medical school whose diplomas are of value is supposed to be equipped with a Histological and Pathological laboratory where students are required to take a course—all too brief, as a rule—in the use of the microscope proper, and in the examination of normal and pathological tissues. Bacteriology will later on be added to the regular curriculum and instead of learning a lot of dry and totally useless facts about the sexual system of the solanasceae or the atomic weight of metals which are never seen except as museum novelties, the student will be given instruction which will render him practical aid in unrayelling the tangels of his perplexing cases in after years.

Every member of this body must certainly recognize the value to himself and to his patients of a painstaking urinalysis in diseases involving the urinary tract, as well as those indicating a derangement of the metabolic functions of other organs of the body. And yet we must be candid enough to admit that such examinations are but half made until the microscope has been called into service. Many of us are examiners for Insurance Companies, and these companies, with few exceptions, require microscopical examinations of the urine, to be made in certain circumstances, and we all are presumed to be able to make them of practical use when made at all. The companies emphasize the value of these examinations by an additional fee which, I am prepared to state, is always freely paid and is but a slight expression of the appreciation of this service at the home office. Among the companies which expect their medical examiners to be prepared at any moment to make a microscopical urinalysis I may mention the Connecticut Mutual, Equitable, Home Life of Brooklyn, Maryland Life, Massachusetts Mutual Life, Mutual Benefit of New Jersey, New York Life, Phoenix Mutual, Provident Savings, and Union Mutual. Several other companies which do not give specific instructions on this point imply, in a general way, that the ability to do work of this character should be possessed by their local medical examiner. And it must be manifest to everyone, who has given the subject of Insurance any stndy, that it is a system which is becoming more popular every day, and whereas



Fig. 11.

Squamous-Celled Careinoma—(Epithelioma) Lip. v. 140



Fig. 12 Adenoma - Cervix Uteri - x 100



Fig. 13 Adenoma: Cervix Uteri, x 140





it was formerly regarded as a kind of lottery and a thing unholy and full of snares, to-day it is considered a necessity; and the man who fails to provide thus for those of his own household is regarded as under the censure of the Biblical anathema. The demand for competent medical examiners must necessarily increase with the growing popularity of insurance, and as year by year the value of the microscope in diagnosis is becoming better understood, so, pari passu, medical examiners are being required to bring it into more general use, in the performance of their duties. And ought we not certainly to be as careful of the health and lives of patients entrusted to our care as of the interests of Insurance Companies whole confidential advisors we are?

By the use of the microscope and by its use alone are we enabled to detect the presence in the urine of casts from the tubuli uriniferi the significance of which is so manifest. Epithelium from the various parts of the urinary tract can by this means alone be identified and its origin ascertained. Blood in the urine which is always of evil omen can with certainty be detected in quantity ever so small-one drop to the ounce of urine being sufficient to show the corpuscles in in abundance as in Fig. 1. In Fig. 2 are shown the various forms of uric acid which I have observed and jotted down at various times. Fig. 2 is a drawing of sodium urate in hedgehog crystals, while its more common amorphous form is shown in Fig. 4. Calcium oxalate, both in octahedra and dumb-bell crystals is shown in Fig. 5. Fig. 6 represents crystals of triple phosphate in fresh urine from a case of cystitis, and Fig. 7 from the same, showing the bacterium ureae. The latter was drawn after the specimen had been exposed to the air for several days. Fig. 8 shows hyaline casts, Fig. 9 blood casts from a case of acute parenchymatous nephritis, and Fig. 10 casts giving evidence of fatty degeneration in a case of advanced Bright's disease. Pus corpuscles and spermatozoa I have also not infrequently recognized in urine by the use of the microscope. Sarcina ventriculi are sometimes found, but I have never observed them. Fig. 11 is a drawing made from a section of squamous-celled carcinoma, commonly called epithelioma, which I removed from the lower lip of an aged white man. The epithelial cells which are the essential feature of this neoplasm, it will be noted have taken on the yellow color of the picric acid while the connective tissue and nuclei of the cells are stained red by the carmine. In the drawing is shown one of the hairs of the beard, which, being epithelial tissue is stained yellow. Fig. 12 represents a section of an adenoma which I removed with the ecraseur from the cervix uteri of a young married woman. In many particulars this neoplasm appeared to be malignant, but the microscope settled its nature beyond any doubt by showing the little cavities, lined throughout columnar epithelium, which are characteristic of certain class of a adenomatous growths. Fig. 13 shows a section of another growth of same nature, in which case I removed the entire cervix uteri. Incidentally, I may state that the woman has since given birth to a fullterm baby, and that the labor was very brief and attended with far less pain than usual. Fig. 14 is a drawing from a section through a neoplasm as large as a hickory nut, involving the skin and subcutaneous arcolar tissue, which I removed from the femoral region of a lady well advanced in years. She had been greatly annoyed by its growth for several months. No enlarged glands. Recovery was complete and there has been no return of the growth after three years. It was found to be large-celled avelolar sarcoma which doubtless had its origin in the subcutaneous tissue and afterwards involved the skin proper. Each of the nests of cells in the drawing is marked by a blue letter S. Fig. 15 represents a section of a spheroidal-celled carcinoma of the clitoris which had also destroyed the upper half of the left labium minus,

The inguinal glands were beginning to assume the malignant process and the operation was sought by the patient only as a means of receiving temporary relief from the most agonizing suffering. It accomplished this purpose, but the cancer returned in situ after about three months, spread rapidly, and soon proved fatal. Figs. 16 and 17 are from a case of considerable interest. J. W., aet. 50, white, farmer, fitst consulted me in November, 1891. He was suffering from an ugly ulcerating growth as large as a silver dollar, situated near his left nlpple and exposing the fifth costo-chondral articulation over an area as large as a nickel. Immediately around this large ulcer were several smaller ones and numerous nodules of varying sizes. No axillary adenitis. Patient had been in the hands of quacks who were treating him with caustics while the malignant process was gaining ground every day. I at once advised a radical operation, to which he at once consented. On November 27th I removed the entire growth by an eliptical incision, including all the tissues down to the ribs. That portion of the fifth rib which had been laid bare by the malignant process was found to present a healthy appearance and was not disturbed. Union by first intention and without drainage tubes, which has been my good fortune in seven breast amputations. was obtained in this case except over an area as large as a silver half dime, just where the rib had formerly been exposed. Iodoform, aristol and other stimulating and aseptic powders were used, but I could not persuade granulations from the surrounding tissue to cover this little surface of exposed bone. The adjacent skin had already been subjected to considerable tension, and I did not at that time deem a plastfc operation advisable. In a few weeks the rib began to ulcerate and I at once advised resection. This was not agreed to by the patient until the ulcerative process had entirely destroyed the continuity of the rib at the costo-chondral articulation. On January 27th, just two months subsequent to my first operation, I resected and removed about an inch each of bone and cartilage. The pleura, intercostal artery and nerve were not injured. The patient made a rapid and complete recovery after the operation, and has been hard at work on his farm for more than a year. I saw him to-day (April 27th, '93) and there is not the slightest indication of any return of the trouble. It might be doubted that this was a cancerous growth, but Fig. 16 is a drawing from a carefully prepared section through the subcutaneous tissue involved by the large ulcer, and is a very typical illustration of a spheroidal-celled carcinoma. Fig. 17 represents a section made through the diseased cartilage from same case, showing an abnormal conglomeration of cells in single cell cavities, which present the appearance of mulberries.

The diagnostic significance of tubercle bacilli in the sputum is no longer sub-



Spheroidal-Celled Carcioma—Clitoris, x 140.



Spheroidal-Celled Carcinoma-Breast. x 140.



Fig. 17.

Carcinoma Cartilage × 140.

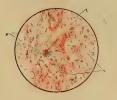


Fig. 10,

Tuberele Bacilli in Sputum Associated with
Pycgenic Bacteria. x 500.

A Symphyleneus Pyogenes.

B Tuberele Bacilli.



Fig. 18.
Bacillus Tuberculosis. x 650.



Staphylococcus Pyogenes Aureus, Ahcess of Neck. x 600, .1. -Pus Corpuscies



Fig. 21.

Gonococcus. x 650.



iudice, and clinicians all over the world are daily using the microscope to clear up any doubt as to diagnosis, which in many cases must still exist after the most painstaking examination of the lungs by the usual physical methods. Osler says in his new work, and puts the statement in italics, that "the presence of these bacilli in the sputum is an infallible indication of the existence of tuberculosis." And Sternburg uses the following language in his magnificent work on Bacteriology, recently published: "The examination of sputum for the presence of the tubercle bacillus is recognized as a most important procedure for the early diagnosis of pulmonary tuberculosis. It is attended with no special difficulties and every physician should be acquainted with the technique." I have myself been using this method of diagnosis as a routine practice for more than two years in all cases where there has been any doubt about the nature of the disease. with a suspicion of tuberculosis. I can say that in no instance yet has it proven untrustworthy. I admit that in rare cases a patient may be phthisical and yet the sputum contain no bacilli; but this is very unusual. I have sometimes found but three or four rods under a whole cover glass, but they were sufficient to tell the tale and enable me to pursue a rational treatment, which, in a number of instances, has apparently been crowned with the most eminent success. I might go on at length to give clinical histories in point, but it would be a waste of your valuable time. Suffice it to say that my experience has been entirely in accord with that of other observers, and that in every case of phthisis pulmonalis which has come under my care directly or in the capacity of consulting pathologist, I have been able to demonstrate the presence of tubercle bacilli by methods presently to be described; and furthermore, that in every case where the microscopical test has failed to reveal the presence of the bacilli, the patients have not in a single instance subsequently developed phthisis. I have also in two instances been able to assure brother physicians who have consulted me in regard to this point that their patients were free from intestinal tuberculosis; and in both cases the information gained by the use of the microscope proved to be more reliable than the clinical signs.

In making examinations of sputum I prefer a specimen expectorated from the lungs soon after the patient awakes in the morning. This should be received in a clean bottle or other utensil. I usually make the examinations the same day the sputum is raised, but in a number of experiments, made with a view to testing this matter, I have found that the bacilli are perfectly easy of demonstration after the sputum decomposes and liquifies, and also after its complete dessication. The following is the method which I have found most satisfactory, though I do not confine myself to its use alone:

First, with a clean needle pick out a small particle of the thickest sputum about the size of an ordinary bird shot, I would say, and place it in the centre of a round cover glass which has been previously cleansed of all particles of dust, etc., and on this place another similar cover glass so that the sputum will spread out in a thin layer between them. Gently slide these apart and allow the sputum ro evaporate near the fire, in the sunshine, or at some distance above the alcohol flame. After evaporation, pass rapidly through the alcohol or Bunsen flame three times

to coagulate the albumen, being careful not to burn the specimen. A very slight browning of the sputum I have found makes no difference. Now make, in a testtube, a saturated solution of aniline oil in water. About one drop of oil to the dram of water is the proper propottion, and I usually make about two drams of this fluid for each examination. Of this, after it has been filtered, take 100 parts, of fuchsin 11 parts, and of absolute alcohol 10 parts. Mix thoroughly and pour into a watch glass. Immerse one of the cover glass preparations in this, sputum side up, and float another on top, sputum side down. If it is desirable to make an examination without delay, let the watch glass containing the specimens be held over the alcohol or Bunsen flame until steam begins to rise. Repeat this several times at short intervals. The specimens are ready to wash after a few minutes, but I usually allow them to remain in the fluid a half an hour. If there is no haste necessary in making the examinations the specimens may soak for twenty-four hours, but in this case boiling is unnecessary. When through the staining process, remove the specimen with slender curved forceps from the fluid and dip it into a solution of nitric acid 1 part to water 3 parts, allowing it to remain until the violet color is changed to a greenish yellow. Then at once remove to a solution containing 40 parts of water to 60 of alcohol, Wash for a few seconds in this and then remove to absolute alcohol. When all color ceases to come away evaporate and mount in Canada balsam if for preservation, or in oil of cedar or cloves if for immediate examination only. If the tubercle bacilli are present they may now be seen, as in Fig. 18, as reddish violet rods, with rounded ends, and usually slightly bent, resembling a parenthesis mark. Frequently, the individual bacilli have from two to six unstained portions, making them resemble chains of cocci. Some observers suppose that these clear spaces are spores, but this is not yet proven. This should be borne in mind, however: The method just described decolorizes all microorganisms except the bacilli of tuberculosis and leprosy. Fig. 10 is a drawing of sputum prepared by the Gibbs' double-stain method, which I shall not now describe. It will be observed, however, that other micrococci are present which are pyogenic organisms and are stained blue, while the tubercle bacilli have the reddish hue of rosaniline. I regret that the time time left me at this stage of my observations is so limited that I cannot go more fully into the character of various microorganisms which I have recently found in several specimens of sputa, and upon the exact nature of which I have been unable to obtain satisfactory light from the books devoted to this subject. I hope in a subsequent article to be able to report something of value along this line. Fig. 20 is a drawing from a specimen of pus from an abscess of the submaxillary region which I treated in a 1ad whose family history was by no means free from tuberculosis. The abscess developed slowly, painlessly, and for a week was quite hard. I painted triodine on it, knowing when I did so that not a drop of it has ever yet been absorbed into the system through the unbroken epidermis. I also gave cod liver oil and other internal remedies which would have been of some value had the swelling been scrofulous, as I had reason to suppose it was. At length softening took place and I evacuated the pus, syringed the cavity thoroughly with hydrogen peroxide, dressed the incision antiseptically, and in a

few days my patient was entirely well. Let me remark just here that poultices should never be used after the opening of an abscess. They are simply hot beds for germs. However, in ten minutes after I had treated this patient I found that my apprehensions in regard to the tuberculous origin of his abscess were without foundation, since no tubercle bacilli were present, but on the contrary an enormous quantity of the most usual pus forming coccus—the staphylococcus pyogenes aureus. The stain used was analine blue,

Fig. 21 shows the gonococcus of Neisser which is now universally recognized as being the cause of gonorrhoea. The value of this diagnostic test has been proven to me in a number of cases. The specimen from which this drawing was made, I obtained from a case of gonorrhea one day old. After setting aside a few drops of the thick, yellow pus for examination I cleansed the anterior urethra with peroxide of hydrogen, andthen injected a small amount of a tengrain to the ounce solution of silver nitrate, which I allowed to remain for about ten minutes. After this I at once used the retrojection treatment of Professor Otis, allowing a gallon of warm water growing constantly hot and hotter over an oil stove, to flow into the urethra through a No. 11 French catheter, and out over the diseased mucous membrane. The clap was cured at this one sitting and has never in the slightest degree returned. I have cured several other cases in both sexes by this method, and can commend it most heartily to the profession. But for the unmistakable presence of the gonococci in some of these cases one might be led to doubt the correctness of the diagnosis. The retrojection treatment with hot water I have found a most valuable means also of curing chronic gonorrhoea and gleet after the stricture has been thoroughly removed.

Did time permit, I could give many more instances which have occurred in my own practice illustrating the value of the microscope in diagnosis; but I have already taxed your patience too severely.

In conclusion, I wish to say that my microscope is my constant companion and a friend upon whom I have learned to rely with implicit confidence. I scarcely see how I could practice medicine without it. But aside from this, it reveals to me a world of beauty, which without its aid must forever remain unseen. When I was nine years old my father gave me a little compound microscope, and it was my greatest delight to look through it into the Wonder-land of Nature. Flowers, butterflies, insects, stagnant water, and hundreds of objects, both animate and inanimate, became my companions. I saw that the finest silk wove by the Lyons looms was coarse and rough when side by side with Nature's unpretentious strokes. The trees and rocks spoke sermons to me, and even then I knew that—

"To him who in the love of nature holds
Communion with her visible forms, she speaks
A various language; for his gayer hours
She has a voice of gladness and a smile,
And eloquence of beauty; and she glides
Into his darker musings with a mild
And healing sympathy, that steals away
Their sharpness, ere he is aware."

ACUTE GLAUCOMA FOLLOWING CATARACT EXTRACTION, WITH REPORT OF A CASE.

By Francis M. Chisolm, M.D., Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

[Written expressly for this Journal.]

The causes that give rise to glaucoma subsequent to operative procedures, is still a subject in which little is really known, and much is conjecture. Its literature is exceedingly meagre. Cases have been seen and recorded in which the disease follows surgical operation at varying periods of time, from a few weeks to several years. In fact, some so far subsequent to the surgeon's knife. that it is a question whether they should not be looked upon as simply coincident, and not as resultant. That two separate and distinct diseases can occur in an eye, quite independently, though following in quick succession, one after the other, is well known. This is especially noticeable in affections that are prone at certain periods of life. Glaucoma attacks chiefly those beyond middle age, and is, therefore, rather an affection of old people, as is also senile cataract; the eyes of those advanced in years being liable to both. Heredity has an important bearing in the causation of each. We find glaucoma and cataract occuring in families, one generation after another; showing the same peculiarities in singling out certain members of a family or generation as does heredity in other diseases. Another class of cases, fortunately rarely to be seen, is where the time that elapses between the operation and the onset of the acute glaucomatous attack is so short that the relation of cause and effect seems to be unquestionable. In many of these cases there is a history of a rivial accident during the convalescent

period. A slight blow or scratch on the eye, leads to the belief that this may be a possible factor in causing the acute symptoms that come on shortly afterwards

Out of 390 cases of senile cataract extracted without tridectomy since 1888. when this mode of operation was introduced at the Presbyterian Eye, Ear and Throat Charity Hospital, there has been on an average about 12 per cent, of iritic hernias. This per cent, has been reduced in the last year to 8. These accidents, far from desirable, seem inseperable from the simple cataract extraction. They occur everywhere in the practice of the most skillful surgeons and during the most careful and restraining after-treatment. Months will sometimes pass without the appearance of a single prolapse, and it would seem that the method of avoiding them had been found. This good fortune, however, will be followed by two or three hernias coming in succession after smooth extractions and an after-treatment in every way identical with that pursued in the previous cases which had no prolapse. Despite the iritic hernia, subsequent vision in these cases is good. Only convalescence is retarded by the accident. I have never seen an eye lost on account of an iritic hernia nor glaucoma set up by it. In 1893 it was determined to perform a certain number of operations for cataract extraction with iridectomy, and an equal number without, in order to contrast the rapidity of convalescence in each and the final reults. The case I have to relate hapbened to be the first of these extractions with iridectomy.

Miss S. H., aged 47, sought advice and reatment for dullness of vision, which ad been steadily increasing in the left ye for two years and in the right eye or the past six months. Her vision hen, September, 1892, was XV CC, No. XVI. of Snellen's Test Types, in ach eye, and not improved by glasses. Central cloudings and striations were isible in each lens, but more advanced n the left. The fundus, as dimly seen brough these clouds, seemed good and he disc normal. She was advised to wait a further deterioration in sight efore an operation was undertaken. This she did and returned early in Janury, when the left eye was found quite louded over. The extraction of the ataract with iredectomy was now made, nd was perfectly satisfactory in every ray. Instead of putting on the adheive plaster strip, which for five years ad been almost exclusively used, a light ompress was substituted in this case, s it was desired to examine the eye day by day to note progress. The eye not perated upon was left open according o custom for the comfort of the patient. week passed without incident, the ase progressing nicely toward recovery. The eye showed from day to day but ittle redness. There was no pain nor pecial discomfort, and it was looked ipon as the perfection of an operation. The bandage was removed permanently on the fifth day, and might have been on he fourth, or even third, so little mritaion had been excited by the operative procedure and so rapid was the healing of the wound. Three days after the pandage had been removed, in attemptng to wipe the eye, the patient struck he cornea slightly with her finger, ausing some pain and injection. This mishap developed a limited keratitis, the infiltration extending from the border of the wound toward the pupillary area, which gradually disappeared under treatment. The corneal wound was not disturbed by the accident, and on the thirteenth day the patient was able to leave the hospital.

Within a month from the time of operation she resumed her elerical duties in a Government office at Washington, and succeeded perfectly well in completing her daily routine with this eye by the aid of cataract glasses. After four weeks of work she retirined to Baltimore, stating that the eye had lately begun to pain and that now vision had become so bad that even recognition of large objects was difficult. I found V reduced to counting fingers at 3 feet distance. The eye was very painful; T-+3 with the

anterior chamber quite effaced and much pericorneal redness. The pupil seemed clear, no capsular deposits being visible through the steamy cornea. A view of the fundus and disc could not be had because of the turbidity of the vitreous. As she had already a large upward in dectomy, with no iris adherent to the scar, it was thought not needful to make a second iridectomy at this time, especially as the patient was extremely nervous even at the suggestion of a second operation. The local application of eserine it was hoped would restore the eye to its normal condition and this treatment was at once begun. Improvement was marked from its first day's use. The pain was quickly relieved; the injection disappearing from the eye and the vision clearing up wonderfully. So much so that in a week, under the eserine treatment she could read again. As much depended upon her retention in the Government office and fearing that the long absence would cause her name to be dropped from the roll of employees, she resumed work as soon as it was possible for her to read. Improvement was of short duration under this forced application which she deemed compulsory though it was far from prudent. In ten days she returned again with all the symptoms of acute glaucoma re-established. The turbid media permitted a view of the disc which was pale, with the blood vessels markedly bent around its margins. An iridectomy downwards was now urged and performed. She recovered well from the second operation, and in two weeks was again at her desk, where she is at the present time still at work. How long the eves will hold out under this pressure which she considers an unavoidable necessity, it would be hard to say. It was learned prior to the second operation that the patient's father had been a sufferer from glaucoma and had had iridectomy performed in both eyes. The chain of circumstances which was apparently instrumental in bringing about this attack were first the accident to the cornea which made the eye irritable, and was followed by a too early resum ing of steady and hard eye work. To this can be added a naturally nervous temperament, with much mental anxiety concerning her business affairs, and an hereditary predisposation to the disease

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INDUCTION OF PREMATURE LABOR IN PLACENTA PRIEMIA

By A. P. DICKSON, M.D., Vollers, N. C.

[Written expressly for this Journal.]

On February 18th, I was called in consultation with Dr. J. L. McMillan, of Red Springs, to see Mrs. ——, on account of hemorrhage, who, at the time of our visit had just completed the 7th month of pregnancy. She had been having slight hemorrhages for 3 or 4 weeks, but at this time it was quite profuse. We succeeded in arresting it for a while, but felt sure that it would return. We enjoined strict confinement

to bed, &c., hoping to gain time in the interest of the child.

On the 21st we were again summoned found hemorrhage rather alarming, and as expected, found we had a case of pla centa prævia to deal with. We did not deem it safe to leave the case to nature any longer, as patient was already considerably reduced, but were anxious to induce labor, when the os was dilated to govern our proceedings, according to the

ndications. My object in reporting this case is to call attention to the node by which premature labor was We knew that a rubber catheter introduced between the memoranes and wall of uterus, and left there would ultimately bring on the pains, and that packing the vagina would probably have the same effect, but hese were uncertain as to the time of their action, and we were anxious to oring about the process without delay. Having seen in the N.C. MEDICAL JOUR-NAL that glycerine injected between the nembranes and the wall of the uterus would have the desired effect at once, we resolved to try a rather compound nethod, i, e., we would introduce the catheter, inject the glycerine, leave catheter in place, and tampon the vagina. To that end we attached a rubber catheter to a household syringe, charged the syringe and catheter with glycerine to exclude the air, and proceeded to introduce it, but owing to the implantation of placenta a rubber catheter could not be introduced-would double on itself. We then substituted a silver male catheter. and by manipulation succeeded to some extent. We then injected between two and three ounces of glycerine, left catheter in position, tamponed vagina and awaited results. In half an hour labor pains set in vigorously, and when they were thoroughly established, we removed the catheter, but left the tampon in position, until we concluded the os had had time to be sufficiently dilated. We then withdrew tampon, expecting to turn and deliver at once if hemorrhage should come on again; but on the withdrawal of the tampon we found that the womb was thoroughly dilated and the head descended sufficiently to compress all bleeding vessels. We found on removal of the tampon that the cord presented in front of the head and was without pulsation. The case was then left to nature, and the patient was delivered, within four and a half hours from the time of the first steps of operation, of a dead child.

Abstracts.

Ichthyol in Erysipelas. Dr. T. S. K. Morton (*Philad Polyclinic*), from considerable experience with various remedies for erysipelas, has been led to regard ichthyol (ichthyolate of ammonium) as the most satisfactory and powerful remedy that has yet been introduced. He has recently used it in six cases of surgical erysipelas of severe type, all resulting from infection of neglected wounds. In two of these cases the scalp and face were involved, in two the face and ears, and in the other two the right lower extremity.

It was used in 30 p. c. strength with lanolin and where bandages could be used, was applied on lint covered with wax paper and a bandage. To the other parts the same ointment was applied every two hours and rubbed in gently. In each instance all traces of redness and infiltration disappeared completely within four days of the first application of the remedy. In four cases 5 grains of quinine were given beside the local treatment, but in two only the ointment was used, and the result was just as rapid and satisfactory. It is scarcely

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necessary to add that the wounds were sterilized before the ointment was applied. For sterilizing the wounds, he first used a peroxide of hydrogen spray. The wound was then washed with sublimate solution, I—100, and then thickly dusted with iodoform.

Antiseptic Management of Wounds.-Sir Joseph Lister (British Med. Jour.) offers the following suggestion where an operation must be done with no chemical antiseptic at hand: First have sponges well boiled and also the fine silk for securing bleeding points (the ends should be cut close after application), and such instruments as will not be injured by the process. washing the sponges during the operation, it is better to have boiled water, although unboiled water, if free from floating particles, would not be very likely to cause mischief. Towels dipped in boiled water and spread about the seat of operation diminishes the chance of contamination from surrounding objects. Then thorough cleanliness by free application of soap and water to the hands of the operator and his assis tants and the skin of the part to be operated upon. Sutures should be of material incapable of absorbing putrescible liquids, silver wire, silk-worm gut or horse-hair. For dressing in the absence of chemical antiseptics, dry substances, such as absorbent cotton-wool or old linen (preferably boiled before use), are better than anything kept permanently moist, like water-dressing. Looking back at old experiences with water-dressings, which were invariably stinking when taken off at the end of twenty-four hours, it is astonishing that septic mischief ever failed to develop in a wound with this putrid mass lying over its outlet. That it only serves to prove how powerful are the means by which Nature defends herself against the microbes. But with dry dressings, in

conjunction with the care referred to in other respects, complete primary union will be of frequent occurrence instead of a rarity, as formerly; though the constancy of aseptic results could not be reckoned upon as confidently as with chemical antiseptics.

Ulcer of the Stomach (Wolff. Medical News).-Ulcerations and erosions of the stomach, due to traumatism often occur and heal readily without presenting the characteristic symptoms of "ulcus vertriculi." The generally admitted cause of round, or peptic, or chronic, or perforating ulcer, is generally accepted as autodigestion of a limited portion of the tissue of the stomach wall which has been deprived of its proper blood supply through some disturbance of circulation. The ulcer so formed is by no means always round. but may be variously shaped. It has clean cut edges, and, as a rule, a clean fundus. It is principally met with between the ages of 18 and 30 years, more commonly in women. It is generally situated upon the posterior wall of the stomach, near the pylorus. One of the most characteristic and important complications of peptic ulcer is hemorrhage from eroded blood-vessels and the resulting hematemesis. This, with the other symptoms, may be regarded as almost pathognomonic. The tendency of gastric ulcer is generally toward recovery. A suggestion of importance is the possibility of subsequent malignant development in cicatrices. There is some doubt as to the occurrence of hyperacidity so commonly mentioned. In a number of cases which I had opportunity of examining, only the normal amounts of hydrochloric acid were found after the usual treatment. While gastric hyperacidity often produces intestinal indigestion and catarrhs, resulting in mal-assimilation, mal-nutrition and anemia, which may, in turn, cause

disease of the vessels, and thus predispose to peptic ulcer, I have yet to find that hyperacidity is more common in patients with gastric ulcer than in other persons.

Among the most noticeable symptoms is pain, which, however, is not present in all cases. The pain is usually circumscribed in the epigastrium, radiating to the back below the scapulæ. It is characterized by its paroxysmal occurrence and its relation to the ingestion of food. In addition the patient feels nauseated, often vomits, complains of heart-burn and acid eructations, which cease only with copious emesis. The vomitus may or may not contain bile, but often contains blood in greater or less quantity.

Hematemesis occurs in from 40 per cent. to 50 per cent. of all cases of gastric ulcer. I think cases where it does not occur are of doubtful diagnosis and that the average is greater than this. As corroborative of gastric ulcer, in conjunction with other symptoms may be considered the dyspepsia accompanying it. It is often difficult to differentiate the anemia which results from the hemorrhages from that due to malignant disease. Sometimes carcinomatous conditions may be associated with ulcer, but it is rare.

The diagnosis of gastric ulcer cannot be made from any one symptom, but must be based upon the corroborative evidence furnished by the complexus of symptoms to which it gives rise. Thus, the digestive disturbances and gastralgia, as well as the circumscribed pain on pressure in and below the right hypochondriac region, the paroxysmal character of the pain, especially after the ingestion of food, are sufficient to attract the attention of the diagnostician as suspicious of ulcer. If there be added to these the characteristic hema-

temesis, the clinical picture may be considered to be complete.

The treatment of gastric ulcer may be summed up in a few words. The primary indication is physiological rest. Rest in bed is necessary not alone to limit the mobility of the viscus, but to prevent tissue-waste, for nutrition must be limited or inhibited altogether. The dietetic treatment is of the greatest importance. While absolute bodily rest is a factor not to be neglected physiological rest is secured by withholding all food by the mouth, and the adoption of a system of rectal alimentation. This will be the better borne, as the bowels are usually torpid and constipated, and the colon tolerates large quantities of food very well. The injections should be made beyond the sigmoid flexure by the aid of a flexible rectal tube, after the colon has been cleansed by a copious enema of tepid water, While the colon is a powerful absorbing organ it is not a digestive organ, so the food should be predigested. The glucose syrup of the market may be diluted with peptonized milk with the addition of a small quantity of peptonized beef extract. A half grain of cocaine may be substituted for the time-honored laudanum which has but little local anæsthetic effect. Two ounces of glucose, with one ounce of prepared peptone powder, in four ounces of peptonized milk with half a grain of cocaine may be given three or four times a day. It is recommended to give milk in large quantities, but it should not be given unless partly pep-As a substitute buttermilk, which is less nutritious but more palatable, may be given in very small quantities, and this may be varied by homemade mutton-broth, into which one or two raw eggs are beaten. With the absence or diminution of pain after ingestion this liquid may be substituted by well-roasted cream-toast or milk-toast, a little finely scraped meat (ham is preferred by some) some ice in milk, custards or a very soft boiled egg. If these are well borne the diet may be gradually increased to stewed fowl, mashed potatoes, succulent vegetables, and progressively to ordinary light diet. Carbonate waters, champaigne and koumiss are generally not well borne.

Carlsbad salts should be given in broken doses—a teaspoonful in hot water. Sodium bicarbonate in doses of fifteen to twenty grains is the best drug to counteract the acid secretions from the ulcerated surface. They should be given half an hour to an hour and a half after the ingestion of food.

To combat the nausea and vomiting a pill containing belladonna gr \(\frac{1}{2} \) and silver nitrate gr \(\frac{1}{2} \), may be used.

The latter is said to exercise a curative influence on the ulcerated surface, and by being converted into an insoluble chloride, diminishes or neutralizes the hydrochloric acid in the stomach. Pain is best combatted by morphia hypodermatically, or the following pill may be used: morphine sulphate, gr. 1; cocaine hydrochlorate, gr. 1; extract cannabis indica, gr. 1, given every three or four hours, after the ingestion of food or liquids. For hemorrhage rest is the sine qua non; gallic acid, internally, or ergotin, or fluid extract of ergot, hypodermatically, may answer. hemorrhage has reached an alarming degree, injection of ether and camphor may be practised, with, if necessary, subcutaneous infusion of a sterilized salt solution 0.6 per cent. Much may be expected from modern surgery in relieving both chronic ulceration and uncontrollable hemorrhage.

Dr. Ralfe, in a paper read before the Medical Society of London, (Brit.

Med. Jour.) said that the clinical significance of albuminuria as a symptom had undoubtedly diminished during the last twenty years. Cases of "functional" albuminuria constitute from one-third to one-half of all the cases of albuminuria that came under notice. Dr. Lauder Brunton commented upon the difference of opinion that prevailed as to the importance from a life assurance point of view of intermittent albuminuria. In one American office the proportion of persons apparently healthy, in whose urine albumen was found was given as I in 11, but in his own experience in not more than 2 per cent, of apparently healthy persons was albumen present. Intermittent albuminuria was thought by some observers to be possessed of but little importance, and a certain number of persons presenting this condition had been admitted to assurance. Inquiry, however, had elicited the fact that the health almost always underwent marked deterioration in the course of a few years, and they had come to the conclusion that albuminuria, even if intermittent, should preclude assurance except at a premium. He pointed out that the presence of albumen in persons over middle age was of exceeding importance. He insisted on the pathological importance of the variety of albuminuria, in which with a low specific gravity, the quantity of albumen present was so small as only to be perceived with the greatest care. This form was indicative of gout of the kidney, a form in which the disease might advance to such an extent as to threaten the life of the patient, though the merest trace of albumen might be present in the urine. If properly treated with a non-nitrogenous diet and warmth to the surface these cases might go on for years. Another form of chronic albuminuria of less prognostic importance was that associated with chronic malana. This was probably due to venous congestion during the attacks of ague.

Koumyss in Obstinate Vomiting Sharp (Brit. Med. Jour.) has obtained some very happy results from the use of koumyss given in one-ounce doses every two hours, in cases of obstinate vomiting, where all other remedies proved futile. He was led to seek the cause of the good effect of this remedy and was led to believe that it owes its efficacy to the fact that the casein (true) acts as a soft, soothing agent to the irritated gastric mucous membrane, and is not digested till it reaches the duodenum, while the small amount of serum albumin originally present in the milk is in great part changed into acid albumin and preteid (albumose), and so easily digested by the stomach. The alcohols (aromatic and others), the aromatic bodies, the carbonic acid gas locked up in the proteids hence given off in small amount at a time, have all, also, no doubt, an anæsthetic and at the same time an agreeable stimulating effect. Mode of Preparation .- Having had difficulty in getting koumiss in the country when wanted, I took to making it myself, and then taught the housemaid, who now makes it for me from the following simple receipt: (It does not seem to be of much importance whether the beverage be one day old or six months. Case I was treated by one-day old and Case 3 by six months old koumyss.) Into a soda or half-pint beer bottle (strong) put a bit of German yeast the size of a pea (10 grs.) or half a teaspoonful of brewer's yeast; a twodrachm boxful of powdered sugar (65 grs.); a 2-drachm cut down boxful of milk sugar (110 grs.); cold water, 4 tablespoonsful (2 oz.); and well-skimmed milk to come up to the beginning of the neck of the bottle. Cork tightly, shake well, and tie the cork down. Leave in the kitchen for six hours and then transfer to a cool place, and it is ready for use in forty-eight hours; or, if desired earlier, it can be matured in about eighteen hours in the kitchen. The bottles are to be kept on their sides. It must be removed from the bottles by means of a tap, the bottle to be shaken up before each portion is drawn

[The Koumysgen of the market is a very convenient preparation, from which a very acceptable koumyss may be quickly made simply by the addition of water.]

Practical Motes of Practice.

Cocaine is best dissolved in a one-half p. c. boric acid solution.—*Squibb*.

Menorrhagia and Metrorrhagia have been controlled by hypodermic use of atropine in one two-hundredths of a grain dose, after other hæmostatics had failed.—Dmitriuff.

Petroleum applied to the whole surface of the body, it is said, will cure the itch in three days.

Tincture Gelsemium in dose of three drops every four hours, it is said, will relieve spasmodic stricture of the urethra. **Lupus Nodules** can be caused to disappear, Unna believes, by repeated active cauterization with carbolic acid.

Tetanus in a child was treated by Celli with nine hypodermic injections, each containing, it is said, five centigrams of corrosive sublimate. At the end of a week the child was well.

Chloro-sulphate of Quinine has been introduced, especially for hypodermic use, as it is soluble in its own weight of water, and causes less pain than the sulphate or hydrochlorate.

Universal Pruritus has been relieved by Lange with internal administration of bicarbonate of sodium along with lithium carbonate. For itching in the genital region, carbolic acid compresses were employed.

Bromide Eruptions and the tendency to digestive disturbances where large doses must be given, are counteracted by Féré, who gives a drachm of beta naphthol and half a drachm of salicylate of bismuth, daily, and finds that this can be administered for months together without injury.

Cystitis and Acute Vesical Catarrh, following gonorrhea, have been successfully treated, according to report of Oke-Blom, by instilling with Guyon's instrument, every second or third day, from one to six cubic centimetres of a solution of iodoform, one part in seven parts each of ether and olive-oil.

Pyoktanin and Boric Acid, in proportion to 10 per cent, of the former, is found to be the most ideal and effective germicidal antiseptic yet presented for the cure of primary gonorrheal vaginitis. After cleansing thoroughly with hot water in the Sims position, the cavity is freely and liberally dusted, and

the vagina is packed with any mild antiseptic gauze to the hymen.—Hulbert.

Erythema Multiforme, in 3 cases associated with pregnancy in Dr. Dockxell's practice was quickly relieved by ichthyol in 8-grain doses, given three times daily.

Buboes are successfully treated by drawing off the pus through a small incision and injecting the cavity with a 10 per cent. solution of iodoform in liquefied vaseline. Le Jollec mentioned this plan in La Sem. Méd., No. 55, 1891. Dr. Otis took it up in this city, and has reported good results, and Dr. Allen has mentioned his success with the same method at the City Hospital.

To Get Rid of the Odor of Iodoform.-Dr. W. Washburn, of this city, writes a propos of a recent item on the deodorizing of iodoform: "In the Medical Summary for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odor if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is this also in favor of these drugs. they are alwas at hand. When clothing has been saturated with iodoform, the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform-or ether will do as well if chloroform is not at hand. Any seams coming within the space to be cleaned will require careful attention, just as the

nails will if the hands are to be deodorized. The proper way for the nails, is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform, and with this clean under the nails. I have derived great comfort from applying this method in daily practice."—N. Y. Medical Record.

Dysentery.—Aristol, gr. v, in capsule every three hours. (J. B. Brooke, *Med. Bulletin.*)

Fissure of Anus.—B. Ext. conii, Zij; olei ricini, fZij; ungt. lanoini, q. s. ad Zij; M. (Harrison Crupps, Med. Bulletin.)

Diphtheria.—]; Acid carbol cryst., acid. citrici cryst., aa gr. xlv-lxxv; spts. vini gallici, f 5 iij. M. Sig. Apply locally. (Ozecowski, Med. Bulletin.)

Colic.—(Intestinal). Mist. asafœtidæ, 3 j; sodii bromidi, gr. ii... M. Sig. Dose for an infant of 1 to 3 months. (Bartholow, Le Progrès Médical.)

Dysmenorrhea.— B. Ext. Cannabis Indicæ, ext. belladonnæ, aa, gr. j; ol. theobromæ, Z iss. M. et ft. suppos. no. j, Sig. Use every night for 5 nights previous to anticipated period. (J. B. Mattison, Ann. of Gynæ. and Pæd.)

Freckles.—Cover affected parts with compresses soaked in a 1 per cent. solution of sublimate in a mixture of equal parts of alcohol and water; keep moist for four hours. when bulke will have formed. Open these and dust with some inert powder. (Saalfeld, Brit. Jour. of Dermatology.)

Hæmoptysis.—If severe, raise the chest, give opium; gallic acid, gr. xv, every 15 minutes; ergotin, gr. v-x, hypodermatically, 2 or 3 times a day; ice-

bags to the chest; as last resort, ligate thigh or arm. (Tyson, *Med. and Surg. Reporter.*) B. Ext. hamamelidis fld.; ext. cinchonæ fl., aa 3 ij; ext glycyrrhizæ, 3 iss; aq. destillatæ, Oj. M. Sig. Shake well, take 1 or 2 dessertspoonfuls every 2 or 3 hours. (Eklund, *Therap. Gazette.*)

Carbuncle,—Apply 2 p. c. spray of acid carbol. or chloral hydrat., 2 hrs. at a time, t. i. d. In intervals cover with antiseptic dressing. When suppuration is deep, make circular incisions round periphery of tumor; deep excavations are cut out with thermo-cautery; then finish with spray. Alkalies, bromides and antiseptics internally. (Verneuil, The Medical Week.) Free crucial incision down to sound tissue; tumor is then excised; alkalies and tonics internally. (Lannelongue, The Medical Week.)

Otalgia.—Chloral-camphor, 5 p.; glycerin., 30 p.; ol. amygd. dulc., 10 p. M. Sig. Moisten a small pledget of absorbent cotton with this mixture, and insert into the patient's ear. (Chloral-camphor is made by triturating equal parts of chloral and camphor in a mortar. (Le Progrès Médical.)

Tuberculosis.—(Pulmonary.) Guaiacol, gtt. iv, 4 times daily, after meals and at bed-time, in sweetened water, milk, mild wine, or whiskey and water. May also be inhaled from sponges on heated plate, or by mixing with water and applying heat. (A. Jacobi, Notes on New Remedies.) Creasote by rectum, in emulsion of almond and olive-oil with yelk of egg, or in hydro-alcoholic solution, gr. ss, gradually increased to gr. xv, in 24 hours. (T. Guida, Notez on New Remedies.)—Universal Medical Journal.

Epitome of the Newer Remedies.

A READY-REFERENCE RECORD FOR THE BUSY PHYSICIAN

GUAIACOL.

Guaiacol is obtained from beechwood tar creasote, and it is said to contain from 60 to 90 per cent. of creasote.

Physical Properties.—The drug occurs as a liquid substance, having a pleasant odor. It boils at from 402.8° to 404.6° F., and its sp. gr. at 59° F. is 1.133

Solubility.—Guaiacol is soluble in water in the proportion of x to 85, and in petroleum benzin in that of x to 8.

Therapeutic Uses.—At present guaiacol is extensively used in the treatment of tuberculosis, especially during the early stages of the disease, as an advantageous substitute for creasote.

Administration.—The medicament is best given after meals in alcoholic solutions, mixed with cod-liver oil, or in capsules, in doses of from 5 to 10 minims (0.30 to 0.60 gramme). It may also be administered in the same amounts by inhalation or hypodermatically.

PYOKTANIN.

Two aniline dyes are known under the above term, the true methyl-violet, or yellow pyoktanin, and the so-called blue pyoktanin.

Physical Properties.—This substance occurs in the form of an odorless powder.

Solubility.—The drug is largely solu-

Solubility.—The drug is largely soluble in alcohol; it is soluble in 75 parts of cold and 50 parts of hot water.

Therapeutic Uses. — Pyoktanin has been extensively employed as a general antiseptic and as an efficient analgesic. It is said to be of value in diseases of the eye and ear and in affections of the nose and throat. The drug is alleged to have

produced good results in the treatment of malignant growths, injected subcutaneously, and in that of a large variety of neuralgias. It has rendered good service in gonorrhea.

Administration.—The remedy is given by the mouth in doses of from 1 to $7\frac{1}{2}$ grains, and even as high as 15 grains, a day. Hypodermatically, about 4-5 of a minim of a 2 per cent. solution. For local use, watery solutions of the strength of 1 in 3000 or 1 in 1000, may be employed.

MENTHOL.

It is obtained from the oil of peppermint-camphor and the essential oils of other plants.

Physical Properties.—The drug is made up of colorless, acicular crystals, of a prismatic form, having an odor resembling that of peppermint. It melts at 107 6° F. and boils at 413.6° F.

Solubility.—Menthol is soluble in ether and the fixed oils; slightly so in water.

Therapeutic Uses.—The remedy is a stimulant, sedative and anæsthetic. It is serviceable as a stomachic and carminative, and has been used with success in colicky pains and the vomiting pains of pregnancy. Influenza and pulmonary tuberculosis have received benefit from its action. Locally applied, the drug is recommended in migraine and neuralgias.

Administration.—The remedy is best given in pill-form or emulsion, in single doses of from $\frac{1}{2}$ to 2 grains.

STRONTIUM BROMIDE.

Physical Properties.—The salt is composed of long, colorless needles.

Solubility.—Bromide of stronitum is freely soluble in water.

Therapeutic Uses.—Strontium bromide has been used with apparent success in super-acid diseases of the stomach, and in the treatment of epilepsy. The salt has similarly been found beneficial against rheumatic gout.

Administration.—The daily dose of the remedy is from 30 to 60 grains. As high as $6\frac{1}{2}$ drachms may be given in case of epilepsy.

STRONTIUM LACTATE.

Physical Properties.—The compound appears as a white granular powder.

Solubility.—The salt is soluble in water.

Therapeutic Uses.—Strontium lactate has been recommended especially in chronic diseases of the kidneys, in which the albumen of the urine is said to be notably diminished, and even suppressed, under the influence of the medicament.

Administration.—The daily dose of this salt may be put down as from 2 to 2½ drachms.

LANOLIN.

A fat obtained from sheep's wool, containing about 30 per cent. of water. Its technical name is Adeps lane hydrosus.

Physical Properties.—This substance is white and odorless, and does not affect moist litmus. A good preparation should melt between 98.6° and 113° F.. Unlike glycerine, it does not saponify by the action of aqueous alkalies. Saponification of lanolin takes place by heating this with alcoholic potash.

Solubility.—Lanolin is insoluble in water, partly soluble in alcohol; but it is readily taken up by ether, benzine and acetone.

Therapeutic Uses.—Lanolin is particularly advantageous as an absorbent, powerfully resisting, besides, the decomposing action of organisms. The drug by itself, or, better still, in combination with resorcin, is serviceable in diseases of the skin, such as eczema, acne and others, in many of which it greatly relieves the itching. It is also valuable as a local application in the treatment of the eruptive fevers. It is one of the best ointiment bases known. The remedy has given excellent results in the treatment of gonorrhea, applied by means of a bougie.

Administration.—Lanolin is only used locally by itself or in combination with other remedies.

EUROPHEN.

Physical Properties.—The drug occurs as an amorphous yellow powder, with an odor resembling that of saffron. It melts at 158° F, and liquefies at 230° F., the liquid appearing of a clear brown color.

Solubility.—Europhen is soluble in alcohol, ether, chloroform and the oils, but is insoluble in water.

Therapeutic Uses.—The remedy is used in all those diseases for which iodoform is employed; over this latter substance europhen has some advantages. Hypodermatically administered, europhen is of service in the treatment of syphilitic disorders.

Administration.—The drug is applied as a dusting-powder, or in ointment of the strength of from 5 to 10 per cent, For hypodermatic use, solutions in olive-oil, of from 3 to 10 per cent, strength, may be employed, the dose being of from $\frac{1}{4}$ to $1\frac{1}{2}$ grains.

[Condensed from Notes on the Newer Remedies.]

Correspondence.

SOUTHERN SURGICAL HISTORY.

PHILADELPHIA, July 21, 1893.

Messrs, Editors North Carolina Medical

Journal:

DEAR SIRS :-- I have read with great interest Dr. Edward Frost Parker's History of Surgery in South Carolina, published in the June number of the NORTH CAROLINA MEDICAL JOURNAL, The author merits something more than my congratulations, or those of the profession of his State-he has made the profession at large his debtor. The essay bears all the marks of painstaking research, and will make a worthy chapter in a more general history we hope will yet be written. The author's task was not a light one, he had to do much patient gleaning of scattered data. He has rescued many noble names fast fading under the corrosive touch of time. The unselfish, splendid service of these old pioneers, a service often rendered amid impoverished and embarrassing conditions, have for us, so far as we can gather up the threads of their life histories, much that is interesting and profitable. It is pleasant—it is, indeed, with patriotic pride, we follow in and out of their old homesteads those veterans of our medical and surgical art-those stalwart men, grand in their profession and in their citizenship—the men who began our history for us, wrote its preface and title pages. It will always be interesting to contrast the surroundings, means, resources, methods and results of those old surgeons and medical practitioners with those of the surgeons and physicians of to-day. Those old men were men of great native ability, self-reliant and fertile of resource. Their surgical instruments were crude and few, but their nerve and skill made their results in many instances marvelous. The modern surgeon must have all the instruments in the catalogue of the instrument-maker scattered over several tables, and then often abandon an operation or leave it uncompleted with the apology that he has left the needed "dandy instrument" at home.

It is to be hoped we will have men in every State who will follow the example of Dr. Parker in giving us valuable medical and surgical history. There are plenty of avenues open through which such literature can reach the profession. Our ably edited medical journals furnish the best; their growing excellence is making them appreciated invaluable to the working men of the profession, welcome visitors to the office of every surgeon and physician who estimates fully the weighty responsibilities of his calling-they are the luxuries of his scanty leisures. The intelligent patient looks for them on his doctor's table, just as does the worthy pastor for the missing Bible.

Old lessons in surgery and medicine will not embarrass the practice of our more modern ones. Many of them could be revived in our practice with happy results.

The experiences, personal incidents and anecdotes, fast becoming but vague traditions, should be crystallized into something that will brighten the pages of our medical journals and perpetuate the life of much that is worth living. The historical reference to the organization of the Medical Society of South Corolina (1789) is suggestive when we take it in association with the great number of kindred societies now estab-

lished over the country. It was a beginning with those peculiarly American ideas of organization and co-operation. Doubtless the Revolutionary War was the means of bringing many of the old colonial physicians into close association and impressed the value of such association in the advancement of general surgical and medical knowledge, These associations have multiplied all over the country. If we take the character, size and work of Southern medical conventions, Southern surgeons and physicians are forging ahead. They have the Western spirit or the West has theirs, and are anxious to investigate all the subjects included within the general titles of surgery and medicine; they spare neither time, labor nor money in gaining the best experiences: they travel long distances, seeking wide fields of investigation-take in their field the centres of medical and surgical training, private and general hospitals.

In the South the professions have always been held in high esteem and filled with the best refinement and culture of the country. None have been barred out, but all have been required to attain a broad culture, to carry a high standard of ethics under their clothes, and to put it into scrupulous practice in all their dealings and relations with the fellows of the profession and with their clientele. These facts have made the profession of the South distinctively strong. Her physicians have a keen sense of professional duty and that high honor inseparable from the faithful, conscientious and successful discharge of that duty. Many of them were in the war as surgeons, and since its close have been in close rank with the very advance column of the profession. As they age and fall out, their sons fill up the broken files. Is it not marvelous how these men came out of the wreck of the great conflict, and, strong and spirited as ever, faced front, and now hold their own with the best in the world?

· I congratulate you upon the neatness of your JOURNAL, the ability with which it is edited—the good meat in its columns.

Yours, very truly, Joseph Price, M.D.

· P. S.—When you can get this way stop, and let me give you greeting.

REFLEX RELIGION.

Messrs, Editors North Carolina Medical Journal:

Sir Thomas Watson, in his work on Practice, gives the case of a man who, when standing on his feet, was insane, and while lying down, sane. Investigation of the cause led to the discovery of a grain of sand imbedded in the under surface of the toes. The erect position produced pressure upon the grain of sand, which, instead of manifesting its presence, produced mania.

It was the remembrance of this unique case which led to correct diagnosis and cure of a case of acute religious mania.

Mr. P., aged about 25 years, neurotic and naturally of a pious turn, was seized July 23d, after supper, with an uncontrollable desire to preach, his delusion being that the Spirit of Christ was in him and he had to preach—his style would have done credit to a Salvation Army officer. His oratory becoming too fervent to suit the taste of the family, they sent for me.

I could elicit no history of insomnia, over-work or over-heat. All the functions of the body were apparently normal. During an interval in his preaching he put his hand to his face and said his tooth hurt him. Enquiry from the

family elicited the fact that at suppertime he had complained of tooth-ache. Gave him bromide and turned him over to the tender mercies of Dr. H. D. Harper, dentist. The Doctor soon relieved him of his tooth and his religion vanished.

H. O. HYATT, M.D. Kinston, N. C., July 30, 1893.

Reviews and Book Protices.

A System of Genito-Urinary Diseases, Syphilology and Dermatology. By various authors. Edited by Prince A. Morrow, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the University of the City of New York, etc. With Illustrations. In Three Volumes. Volume I. Genito-Urinary Diseases. D. Appleton & Co. New York: 1893. Large Quarto; Pages 1074.

In preparing this System the Editor has heen influenced by the marked favor with which the numerous "Systems" and "Cyclopædias" which have appeared in recent years have been received by the profession. He has called to his aid the most eminent American authorities, each volume being made up of individual essays, for the views expressed in each of which the various authors are responsible.

The grouping of Genito-Urinary Diseases, Syphilis and Skin Diseases into one System had its origin in this country, and must prove acceptable on account of its fitness and convenience. The subject treated of by each author has been left, as far as practicable, to his own choice, the effort being made, by clearly defining the ground each article was to cover, to avoid useless repetition and make the whole work as connected as possible.

Each author is a specialist in his line so that the possessor of this System may

feel assured that he has the most recent teaching upon all the subjects he finds here

The volume before us is devoted to Genito-Urinary Diseases, and embraces the following essays: Anatomy and Physiology of the Genito-Urinary Organs, by George Woolsey, M.D.; Diseases of the Penis, by Ramon Guiteras, M.D.; Diseases and Injuries of the Urethra, by F. Tilden Brown, M.D.; Etiology of Urethritis, by S. Liestgarten, M.D.; Acute Urethritis-Gonorrhea. by Geo. Emerson Brewer, M.D.; Chronic Gonorrhœa or Gleet, by William K. Otis. M.D.; Endoscopy, by Hermann G. Klotz; Gonorrheal Ophthalmia, by Joseph A. Andrews, M.D.; Gonorrhœal Rheumatism, by Frank Hartley, M.D.; Gonorrhœa of the Rectum, Nose, Mouth, Ear, Umbilicus and Axilla, by James P. Tuttle, M.D.; Stricture of the Urethra, by J. William White, M.D.; Diseases of the Prostate, by W. T. Belfield, M.D.; The Functional Disorders of Micturition, by Joseph D. Bryant, M.D.; Diagnostic Significance of Pathological Modifications in the Urine, by Eugene Fuller, M.D.; Urinary Fever, by J. A. Fordyce, M.D.; Cystoscopy, Willy Meyer, M.D.; The Cystites, by Samuel Alexander, M.D.: Injuries and Diseases of the Bladder, by Geo. R. Fowler, M.D.; Rupture of the Bladder, by F. S. Watson, M.D.; Stone in the Bladder, Prostate, Urethra and Ureters, by Arthur T.

Cabot, M.D.; Surgical Diseases of the Kidney, by Lewis A. Stimson, M.D.: Tuberculosis Uro-Genitalis, by John P. Bryson, M.D; Diseases of the Scrotum, by Chas, W. Allen, M.D.; Diseases of the Testicle, by Jas. Bell, M.D., by Edwin C. Burnett, M.D., and by John P. Bryson, M.D.; Hydrocele and Spermatocele, by John A. Wyeth, M.D., and W. W. Van Arsdale, M.D.; Varicocele, by Edward L. Keves, M.D.; Diseases of the Seminal Vesicles, by Paul Thorndike, M.D.; Functional Disorders of the Male Sexual Organs, by Prince A. Morrow, M.D.: Gonorrhæa in the Female, by Andrew F. Cervier, M.D.

The chapters on Endoscopy and Cystoscopy are excellently written and illustrated, and present the most recent knowledge respecting these valuable aids to diagnosis. The chapters on Functional Disorders of Micturition, by Dr. Bryant, the Diagnostic Significance of Pathological Modifications of the Urine, Urine-Analysis, etc., by Dr. Fuller, are not found in the ordinary textbooks on genito-urinary diseases, but are very properly included in this exhaustive volume. The mechanical work is most excellent.

Lessons in Physical Diagnosis. By Alfred L. Loomis, M.D., Ll.D., Professor of the Practice of Medicine and Pathology in the University of the City of New York. Tenth Edition, Revised and Enlarged. Octavo. Illustrations, some in color. 240 pp., extra muslin, price \$3.00. New York: William Wood & Company.

This new edition of this volume has been largely rewritten and thoroughly revised, and is now fully up to date as a complete and practical guide to the student of Physical Diagnosis. It has long been a standard authority, and if anything more than the name of the author were needed to attest its value to the medical profession, the fact of its having reached a tenth edition would be sufficiently convincing.

A new chapter on Clinical Microscopy has been added, and in all respects there is a marked and noticeable improvement in the volume before us.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynæcology, Ophthalmology, Laryngology, Otology and Dermatology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M.D., LL.D., Judson Doland, M.D., J. Mitchell Bruce, M.D., F.R.C.P., London, and David W. Finlay, M.D., F.R.C.P., Abe.r Volume I. Third Series. 1893. J. B. Lippincott Co., Philadelphia, 1893.

It is only necessary to say that the present volume of this popular series is fully up to its predecessors in point of excellence and variety. The contents cover the wide range of subjects named in the title, and the essays are all by men of high repute, and present the latest thought on the subjects to which they relate.

Appendicitis and Perityphlitis.

By Charles Talamon, M.D., Physis

cian to Tenon Hospital, Paris, F:ance.
Translated by E. P. Hurd, M.D. Physician's Leisure Library. George S.
Davis, Detroit, Mich. Price 25 cents.
Should all the contributions to current

Should all the contributions to current medical literature upon the subject of inflammations of the appendix vermiformis and cæcum be gathered together into one whole, what an immense volume it would make! And how would the earnest country practitioner know which of the great lights to follow? Shall he

put the knife in at once, as soon as he is satisfied this little useless organ is the seat of the trouble, and rid the patient of this hidden powder mine, and so prevent any chance of an explosion? or shall he temporize and see if the patient will recover under medical treatment alone?

Dr. Talamon, in the volume in hand, has given a thorough resumè of the most important literature on this subject, and discusses the merits and dangers of each course in a clear and unimpassioned style. He states his own opinions in a bold and decided manner, leaving no doubt as to his position on this much debated question. He dwells at length upon the etiology, pathology and symptomatology.

The translator has done his work well, and presented the original of Dr. Talamon's brochure in pleasant and accepta ble English.

A Chapter on Cholera for Lay Readers. History, Symptoms Prevention and Treatment of the Disease. By Walter Vought, Ph.B., M.D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with Colored Plates and Wood-Engravings. In One Small 12mo. Volume, 110 pages. Price 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This book is a timely one and will prove interesting reading to the profession as well as to the laity. It is practical and at the same time sufficiently comprehensive to give any one a clear idea of both the treatment and prevention of this disease.

Especial attention is devoted to the precautions to be used by those who

come in contact with those sick from cholera, and the author very pertinently remarks that "the knowledge that it is only the discharges and vomited matter that are the cause of the contagion, and that in no other way than by the entrance of the germ into the mouth can the disease be conveyed from one person to another, and that proper and thorough disinfection of these discharges is the only way that the further spread of the disease can be stopped, should be so effectually disseminated that a condition of panic among the inhabitants of a place could not develop."

In view of the threatenings of this scourge at this time, it would be well that such books as this should have a wide dissemination among the people.

A Heavy, Dull Headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can generally be completely removed by a 2-grain dose of the iodide of potassium dissolved in half a wineglass of water, and this quietly sipped. the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.-Alienist and Neurologist.

Operate in Appendicitis, if salines in liberal doses fail to produce catharsis, or if, after catharsis, the pain and fever are not relieved or are aggravated.—
Jonas,

NORTH CAROLINA MEDICAL JOURNAL

ROBERT D. JEWETT, M.D., Little B. Editors and Proprietors.

The subscription price of this JOURNAL is \$2.00 a year.

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Cuts will be provided for any original communications (sent to this JOURNAL only) requir-

ing illustrations, free of cost to the author.

Specimen copies will be mailed to any address on application from a subscriber

Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed

reports of their meetings to the Journal.

Remittances should be made by P. O. Order, Draft or Registered Letter, payable to the

NORTH CAROLINA MEDICAL JOURNAL.
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Editorial.

THE APPOINTMENT OF A LEGIS-LATIVE COMMITTEE.

The action of the North Carolina Medical Society in appointing a standing committee on Legislation, at its last annual meeting, was eminently wise.

It was done in compliance with the recommendations contained in the President's Address, which will be found in this issue, Speaking of the necessity for such action on the part of the Society, Dr. McNeill very tersely says:

"While it is true that the chief work of this Society is naturally and properly the scientific cultivation of the healing art; yet it is idle for us to discuss and to promulgate doctrines of great importance to the public weal, if we have no power or means of putting our views into action. To this end it seems to me that one of the most important things to which the Society should devote itself now and in the future, is to secure for the medical profession a

more authoritative position in all bodies of influence, political or social, in sanitary and hygienic matters."

This committee, composed as it is of medical men, will in the future look especially to the preservation and protection of the people as well as to their medical rights and necessities. It can be said with all justice to the medical profession that it, more than any other profession, is the friend of the people at large, often advocating hygienic measures in direct opposition to their financial interests, and yet, in almost every legislative body, there are some ignorant and unscrupulous demagogues that seek persistently, by misrepresentations and otherwise, to thwart all the efforts of the profession for the people's wellbeing.

It will be the duty of this committee, who will be thoroughly cognizant of all matters pertaining to the Profession and to Public Health, to advise and consult with the Legislative Health Committee, and assist it in its investigations, and this concert of action between the representatives of the Profession and the people, we are assured, will redound to the best interests of all.

NORTH CAROLINA MEDICAL COL-LEGE, DAVIDSON, N. C.

Dr. J. P. Munroe has announced in the advertising pages of this JOURNAL, and elsewhere, that "the flattering appreciation of our work by the Medical Profession of the State has induced us to incorporate our School of Medicine under the above name, and establish a three-years' graded course leading to graduation."

Dr. Munroe's ability as a teacher cannot be questioned, and the students who have gone through his preparatory course have taken high places in the schools where they have gone to complete their preparation for the practice of medicine; and those who have presented themselves before the Board of Medical Examiners have generally acquitted themselves well, two, at least, having won the Appleton Prize.

While highly approving, however, of of the idea of preparatory schools, which will take the place of the first year in the larger schools in the great centers of population, we cannot look with favor upon the establishment of a diploma-granting college in a section where it is entirely out of the question to obtain clinical material. We are the more surprised at the new departure made by Dr. Munroe in view of the very decided action taken by the State Medical Society at its meeting in May, 1891.

It will be remembered that prior to that meeting there had been some action taken looking to the establishment of a Medical Department at Trinity College, which led the President of the Society, Dr. Richard H. Lewis, to suggest, in his Annual Address, that the Society emphatically pronounce against the establishment of any medical school in this State other than one purely preparatory. In the report brought in by the committee appointed to consider the suggestions contained in the President's Address, the following section occurs and was unanimously adopted by the Society:

"Section 4. And while we heartily commend the establishment of preparatory schools of medicine at convenient points in our State, we believe that it is inexpedient and adverse to the best interests of the profession to countenance the organization of a college of medicine in the State unless it can afford to its students advantages in every way equal to those afforded by the best schools in the large cities of our country."

North Carolina stands as the pioneer in enacting laws tending to promote higher medical education, and she cannot afford to countenance any step which is not upward; and it is not a forward movement to graduate men who have not had the advantage of systematic clinical instruction.

It is true the Board of Examiners have licensed non-graduates, but it should be, and ere long probably will be, one of the requirements of applicants for license that they present certificates showing they have had clinical instruction in college or hospital, or under the eye of a preceptor. And those colleges which, from their remoteness from material, cannot give clinical instruction, should be allowed to grant diplomas only after their students have added to their theoretical learning a hospital experience of not less than twelve months.

CHOLERA AND OUR QUARAN-TINE STATION.

Late news regarding the spread of cholera is not reassuring. From the Abstract of Sanitary Reports, an official publication of the Government, we learn that, at the date of its last issue, on July 28th, cholera was prevalent at Senegal, Africa, at Salon, Valette, Aubenas and Marseilles, France, at Calcutta, India, at Naples, Cuneo and Alexandria, Italy, while Genoa was thought to be suspicious. It was also prevailing in Arabia, Hungary and Turkey.

On July 3d, there were 260 deaths from cholera at Mecca and 490 at Jeddah. This state of affairs is, to say the least of it, alarming, and while most of the cases that have appeared this summer have been sporadic, still the disease in the past few days has taken on a more epidemic character.

On July 19th there were only 4 cases in Naples, but the latest advices are to the effect that "the condition is steadily growing worse."

Cholera has also recently broken out in an aggravated form in St. Louis, the capital of the French possessions in Senegambia, and in that city of 28,000 population, the death-rate now averages more than 50 daily. But to come nearer home, we learn from the daily press that the news relative to the ravages of the disease at Marseilles has been suppressed, and that now it is learned that it has been epidemic there for the last three months. Since the middle of May there have been 601 deaths in that city alone, while throughout France, in the last four weeks, there have been 826 deaths.

. The authorities in this country, together with some of the European steamship companies, are doing all in their power to prevent the entrance of this scourge into this country, the Hamburg Packet Company having recently refused to take emigrants from Havre, but still the danger is imminent.

But it is not cholera only which threatens us, for in the last three weeks vessels have arrived at ports both north and south of us with cases of yellow fever. At Delaware Breakwater an American schooner arrived July 20th with the captain dead of yellow fever and five other cases aboard. Several cases have occurred at Cape Charles Quarantine. News just reaches us through the daily papers that a British brig from Havana, Cuba, came into Tybee Roads, off Savannah bar, flying the yellow flag. The quarantine officers found that the captain had died of vellow fever and that the crew were sick. The vessel was immediately towed to Sapello, the national quarantine station,

When we consider these things and the danger that is confronting us, especially here in our own State, we are constrained to ask why the Quarantine Station at the mouth of the Cape Fear, for the establishment of which an act was passed at the last General Assembly, has not been erected. In that act there were two conditions: One was that the danger of cholera be "imminent." Four months ago the Governor, after consultation with the State Board of Health, decided that it was "imminent," and ordered its construction at once. Read the above summary of cholera news and judge for yourself if the necessity for such a protection to the people of North Carolina against this disease does not now exist much more urgently than at that time. And vet the Quarantine Station is non est! The other condition was that Wilmington furnish a specified amount towards the establishment of the plant. Now,

without entering into the justice of this requirement, we must say that if this city has not complied with her obligation, that she owes it to the State to do so at once. But whatever be the cause of the delay, the fact still remains that, in view of the present status of affairs, the necessity, at least, for a Quarantine Station is now "imminent."

SUCCESS OF SOUTHERN PHYSI-CIANS AT THE NORTH,

The statement is made in one of, the Metropolitan journals, upon the authority of an eminent physician, that three-fourths of the best known physicians of New York were born South of Mason and Dixon's line. The class of physicians to whom reference is made are those whose incomes are from \$20,000 a year upward. It is encouraging for us to note the fame of our "dispersed abroad" and to record their achievements and success.

Many of them have distinguished themselves by important discoveries in medical science and in the development of the surgical art. Of this number, we are proud to say that the Carolinas can justly claim their full quota.

THE PAN-AMERICAN MEDICAL CONGRESS.

The Executive Committees of the various sections of the Pan-American Medical Congress, which will be held in the city of Washington, September 5th, 6th, 7th and 8th, 1893, have been working industriously perfecting the organization of their respective sections, and the Congress promises to be the most important convention of medical men ever held in this country. The following Committee of Arrangements has been announced:

Committee of Arrangements, Washington, D. C.—Samuel S. Adams, M.D., Chairman; J. R. Wellington, M.D., Secretary; G. L. Magruder, Treasurer,

Executive Committee.—Dr. Samuel S. Adams, Chairman; Surgeon-Generals Geo. M. Sternberg, U. S. A.; J. Rufus Tryon, U. S. N.; Walter Wyman, U. S. M. H. S.; Drs. S. C. Busey, G. Wythe Cook, Carl H. A. Kleinschmidt, H. L. E. Johnson, Llewellyn Elliot, H. H. Barker, C. W. Richardson, W. Sinclair Bowen, George S. Ober, G. L. Magruder, J. R. Wellington and John R. Walton, D. D. S.

SUB-COMMITTEES.

Reception.—Dr. S. C. Busey, Chairman; Surgeon-Generals Geo. M. Sternberg, U.S. A.; J. Rufus Tryon, U.S. N.; Walter Wyman, U.S. M. H. S.; Drs. J. Ford Thompson, Charles Hagner, Louis Mackall, J. Taber Johnson, T. Morris Murray, G. Byrd Harrison and Jos. H. Bryan.

Entertainments.—Dr. G. Wythe Cook, Chairman; Drs. G. N. Acker and Thos. E. McArdie.

Registration.—Dr. Carl H. A. Kleinschmidt, Chairman; Drs. John S. Mc-Lain and Johnson Eliot.

Railroads.—Dr. H. L. E. Johnson, Chairman; Drs. E. L. Tompkins and J. Foster Scott.

Printing.—Dr. Llewellyn Eliot, Chairman; Drs Thomas N. Vincent and F. B. Bishop.

Halls and Exhibits.—Dr. H. H. Barker, Chairman; Dr. J. T. Winter and C. M. Buchanan.

Ways and Means.—Dr. C. W. Richardson, Chairman; Drs. John VanRensselaer, Wm. Dillenback, Henry B. Deale and Wm. Compton.

Information.—Dr. W. Sinclair Bowen, Chairman; Drs. E. Oliver Belt and F. S. Nash.

Hotels .- Dr. Geo. S. Ober, Chairman; Drs. Wm. E. Handy and D. O. Leech.

Official Delegates .- Practically all of the governments have appointed official delegates to the Congress in response to the invitation by the President of the The United States United States. Government will be represented by six delegates. The larger cities of all the Latin-American countries have pointed delegates to participate in the proceedings of the sections on Hygiene, Climatology, Dermatology and on Marine Hygiene and Ouarantine and similar appointments will be made by the cities of the United States. Seventy-six similar delegates have so far been appointed by the Governors of States in the United States. A large number of delegates have been chosen by the medical colleges of the United States and other American countries to attend the Section on Medical Pedagogues, under the Presidency of Professor J. Collins Warren, of Boston.

Dr. Ernest Hart, Editor of the British Medical Journal, and Prof. Dr. Czerny, of Heidelberg, will be among the distinguished guests of the Pan-American Medical Congress. The latter is booked for the Pan-American Excursion to Rome by the "Werra,"

THE AMICK TREATMENT FOR CONSUMPTION

For several weeks the telegraphic columns of the daily press have been filled with news relative to Amick's Chemical Treatment of Consumption. One issue will state that some celebrated person has undertaken the trip to Cincinnati with the hope of being cured, and soon the news is flashed abroad that he is improving, and then, presto, that he is cured !

We wonder if this is another new advertising dodge? We believe, at any rate, that it is, and we would ask all physicians, to whom their circulars are addressed, to thoroughly investigate it before allowing their patients to submit to the treatment.

Having become convinced ourselves that it is not an ethical treatment, we have been forced to refuse an advertising offer to present its claims in the columns of this JOURNAL, although it has been "tested, indorsed and adopted in practice by six thousand physicians." and notwithstanding "many cases can be virtually cured in ten to thirty days."

BOARD OF HEALTH MEETINGS

Would it not be wise and useful for the State Board of Health to hold an extra meeting, say in September? Some years since there was a meeting of persons from all classes interested in sanitary matters, and the North Carolina Sanitary Association was formed. That was the only meeting the Association ever held. We think greater good would emanate from a straight meeting of the State Board of Health, to which, of course, could be invited county and city health officers, mayors, etc. The regular meetings of the Board at the time of the State Society meeting do not attract the attention they should, because all the interest is centered in the work of the Society.

Meetings of the Board, on the other hand, at a time and place remote from the Society meetings, and moved from place to place, would accomplish much by discussing practical questions affecting the health of the people, and by showing them that they have in this highly useful body a protector ever watchful to shield them from the ravages of epidemics without, and from all preventable diseases within our borders. These distinct meetings of the Board would direct the people's attention to it and increase their confidence. We do not propose changing the time of meeting which is fixed by statute, but would supplement the regular meeting by at least one extra meeting.

Miscellaneous Atems.

Under this head space will be given, free of cost, to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Yellow Fever caused two deaths in Pensacola, Fla., August 9th, and created almost a panic among the citizens of that place. Surgeon-General Wyman has ordered Surgeons Carter and Magruder to go immediately to Pensacola and have ordered all communication discontinued between the city and naval reservation. Mobile and Birmingham have declared quarantine against Pensacola. The houses where the deaths occurred have been disinfected and isolated and all possible precautions taken to prevent a spread of the disease.

Dr. W. F. Faison, of Fayetteville, N. C., having accepted a very flattering proposal from a leading physician of Jersey City, will shortly return to that place for the practice of his profession, We greatly regret to lose Dr. Faison from our State, but wish him all success in his Northern home. However, should he desire to return to his native heath. he will not have to pass again through the ordeal of an examination, for "once a bishop, always a bishop,"

We are glad to see North Carolina again honored by the appointment of Dr. J. W. Long, of Randleman, to the chair of Diseases of Women and Children in the Medical College of Virginia, Richmond. Dr. Long was elected to fill the vacancy caused by the resignation of Prof. Wellford, who has filled the chair for twenty-five years, and who was honored with an emeritus professorship.

Accused of Selling Diplomas in Medicine.-Dr. Walter May Rew, of this city, who has run what he calls the Preparatory College of Medicine, was arrested recently on a warrant accusing him of selling diplomas in medicine at from \$25 to \$50 each. A large quantity of blank diplomas and seals were found in his rooms. The diplomas, it is said, entitle the holders to practice in several Western States.-Med. Record, N. Y.

The Rome correspondent of the Lancet estimates that the attendance at the International Medical Congress in Rome will reach 10,000, or 4,000 more than that at the Berlin Congress in 1890. Germany will furnish the majority of foreign participants, but the United States will be well represented. Papers may be expected from Virchow, Charcot and Nothnagel.

Inspection of Emigrants at Liverpool.-The New York Sun says that Dr. H. L. Williams, United States Inspector of Emigrants at Liverpool, is being denounced in the local press for the undue severity of his methods, from which it may be reasonably assumed that he is doing his duty to his Government. The Liverpool Poor Law Guardians, at a recent meeting, declared that Dr. Williams turned back from the Etruria, as suffering from small-pox, a man who had that disease in December last, and was discharged from hospital as cured in January; but the Doctor denies this. At the same meeting an unconscious compliment was paid to Dr. Williams and his assistants by the sorrowful admission that, owing to stringent inspection, scarcely any attempts were now made to smuggle undesirable emigrants off to America, and that even the shipping companies had become exceedingly cautious. The Government has called for a return from the port authorities of persons made chargeable to the Poor Law Guardians in consequence of the American emigration regulations. It is believed the number of such cases is very small.

The Medical College of the State of South Carolina adopted the three-years graded course two years ago, and we are glad to learn that the small falling off in the number of matriculates which followed, has been overcome. We are quite sure this action will prove to be an advantage to the school, as its standard is thereby raised, and a better class of students will be attracted to it.

The Board of Medical Examiners of the State of North Carolina met in extra session at the Hammocks. Wrightsville Sound, on the 8th instant: present Dr. L. J. Picöt, Secretary, Drs. R. S. Young, H. B. Weaver and Geo. G. Thomas. On the first day of the session there were 22 applicants for license. one Homœopath, one negro man, and one negro woman among the number. It is the first time in the history of the Board that a negro woman has applied for license. We regret that the successful applicants will not be announced before this issue of the JOURNAL goes to press. The list will appear next month.

The June number of the NORTH CAROLINA MEDICAL JOURNAL is of special interest to the profession in this State, as it contains the minutes of the last meeting of the South Carolina

Medical Association and also the essay on the History of Surgery in South Carolina, by Dr. Edward L. Parker, which won the prize offered by Dr. Jos. Price, of Philadelphia. Dr. Parker's essay will be read with pleasure not only by physicians and surgeons, but by all South Carolinians who take an intelligent and patriotic interest in the history of the State.—Charleston News and Courier.

Governor•Elias Carr has recently appointed the following official delegates to the Pan-American Medical Congress soon to be held in the city of Washington: Drs. P. E. Hines, G. G. Thomas, A. G. Carr, T. S. Burbank, J. A. Hodges, W. H. H. Cobb, T. D. Haigh, J. W. Jones, J. M. Baker, Charles Duffy, J. H. Logan, H. T. Bahnson, R. S. Young, Joseph Graham, J. R. Brevard, W. J. Hill, H. F. Gray, R. L. Payne, Jr., J. J. Summerell, R. S. Battle, C. E. Hilliard, A. A. Kent and W. H. Harrell.

We notice in the daily papers that on account of the prevalence of cholera in Mediterranean countries, and especially in Italy, it has been decided to postpone the International Medical Congress to April, 1894.

Cholera In New York.—The daily press of the 8th inst. states, upon the authority of Health Officer Jenkins, that the bacteriological examination of a recent passenger on the steamer Karamania, shows the presence of cholera bacilli. Another case is reported in the telegraphic despatches of the 9th instant.

The medical profession of Greensboro has recently sustained a great loss in the death of two of its most prominent members, Drs. Alford and Glenn.

Please read the new advertisements

in this issue carefully. You will find them especially interesting this month.

The plates for the illustrations in this issue of the JOURNAL have all been executed by Mr. E. V. Richards, of this city, who has thoroughly equipped himself recently to do all kinds of artistic workmanship. We feel that the skill and enterprise displayed is worthy of notice and commendation.

Wanted!—By a young physician graduate of Jefferson Medical College, Class 1889, and student of the New York Polyclinic, summer course, 1893, a situation as partner to some elder physician who wishes to retire from practice. A town of not less than two thousand in North Carolina or South Carolina preferred.

Address "D.," care North Carolina Medical Journal, Wilmington, N. C.

Reading Protices.

THE Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page —.)

L. B. Grandy, M.D., Demonstrator of Anatomy and Microscopy, Southern Medical College, Atlanta, Ga., says: "Antikamnia has given me the most happy results in the headaches and other disagreeable head symptoms that have accompanied the late catarrhal troubles prevailing in this section. In my practice it is now the remedy for Headache and Neuralgia, some cases yielding to it which had heretofore resisted everything else except morphine. I usually begin with a ten-grain dose, and then give five grains every fifteen minutes until relief is obtained. A refreshing sleep is often produced. There seems to be no disagreeable after-effects."

J. L. SPITZMESSER, M.D., Windfall, Ind., says: "I was called to see Mrs. W., mother of three children, aged 23 years; her weight, when first called to see her, was 73 lbs. She had been treated by eight physicians for muscular rheumatism of a shifting character, invading nearly all parts of her body and limbs, and a leucorrheal discharge that

had been a great source of trouble and annoyance since birth of last child, then seventeen months old, with chronic metritis and left lateral displacement Patient confined to her bed most of the time, of a nervous, irritable temperament, coughing and expectorating to an alarming extent, and without hope of ever getting well. Indeed, it was a hopeless case, one in which I could give but little hope or encouragement, as it had been treated by at least three or four physicians much my peers. I prescribed:

B.—Aletris Cordial......8 ozs.
M. Sig. Teaspoonful alternately
with above:

Locally applied:

M. Sig. Lamb's wool thoroughly saturated, and womb kept in place by impaction of the above.

Patient was received May 16th, and discharged October 26th of the same year, cured; present weight is 108 lbs.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization
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The Oxydising Agents—Iron and Manganese;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations;

and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:



"I'll Give My Reasons."

-Coriolanus

is an element to be considered when dealing with children. 2nd.—Because it is completely Peptonized and requires little or no digestive effort. 3d.—Because it possesses a genuine Peptogenic effect. 4th.—Because it is slightly stimulating and thus combats prostration. 5th.—Because it is concentrated and nutritious. 6th.—Because it is absolutely aseptic and will not cause intestinal sepsis. Are these reasons not enough why LIQUID PEPTONOIDS possesses all the essential attributes of a suitable food for children suffering from Gastro-enteritis?

The Arlington Chemical Co.,

Send 2c. stamp for handsome 5-paneled Screen, a water colored version of "The Five Senses."

YONKERS, N. Y.

When prescribing Essence of Pepsin, kindly specify "ESSENCE OF PEPSINE, (Fairchild,)"

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"ESSE QUAM VIDERI."

Official Organ: Medical Society of North Carolina. Official Organ: South Carolina Medical Association.

ROBERT D. JEWEIT, M. D.,

J. ALLISON HODGES, M. D.,

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SUPPURATIVE HEPATITIS, WITH A REPORT OF THIRTY CASES COLLECTED IN NORTH CAROLINA.

By R. L. GIBBON, M.D., Charlotte, N. C.

Being one of the Essays to which was awarded the Pittman Prize. Read before the Medical Society of the State of North Carolina May 11th, 1893.

The prominence which the liver has always occupied in both the professional and lay mind has rendered its diseases of peculiar interest.

A better knowledge of pathology and greater diagnostic accuracy has enabled us, more perfectly than our forefathers, to discriminate between the real and the imaginary hepatic ailments. To the pioneers of our profession the liver was a breeder of "melancholly and humors of the blood;" to the laity it is still the fons et origo of all that robs life of its pleasure.

The complicated part played in the phenomena of life by this important organ furnishes, however, quite an extensive field for disordered action, and the list of hepatic maladies, both functional and organic, is a long one. While abscess of the liver is among the rarer of these affections, it is yet of sufficient frequency, even in our own State, to render a knowledge of its diagnosis and treatment of essential importance to every practitioner.

Suppurative hepatitis was well known to Hippocrates and his successors, who, however, were in the habit of describing quite a variety of diseases under this head. In some respects their observations were remarkably correct—Hippocrates used the cautery for opening the abscess when it pointed externally, and also

made a distinction between inflammation of the liver substance proper and that of the capsule (perihepatitis).

It was a peculiar idea of Galen's that inflammation was resolved by such hemorrhage as flowed from the side affected; thus a flow of blood from the right nostril resolved an inflammation of the liver, from the left an inflammation of the spleen.

DEFINITION.

Suppurative hepatitis, the term usually preferred by systematic writers, "is an acute inflammation of the hepatic parenchyma terminating in suppuration." The disease has been classified into the acute and chronic, the diffused or circumscribed, and the primary and secondary or pyæmic abscess. These distinctions are not usually of much practical importance, and the symptoms, the post-mortem changes and the treatment of the abscess itself is not materially different.

FREQUENCY.

As is generally known, abscess of the liver is essentially a disease of tropical countries, and is comparatively rare in temperate climates. Within a period of twenty years only 15 cases are reported in Guy's Hospital, London; 5 of the 15 came from Southern countries. On the other hand, it is very common and fatal among the European residents of India. The natives are said to be less frequently affected.

It is to those, who in a tropical climate have had the opportunity of observing and studying a large number of cases, that we are mainly indebted for our knowledge of this disease. The admirable work of Morehead, Waring, Maclean and others in India, has enabled the practitioner of more fortunate latitudes to recognize and treat the isolated case which may occasionally fall into his hands.

Abscess of the liver is undoubtedly a rare disease in the United States, though it is found with comparative frequency in some localities.

Bartholow, who was for a number of years a resident of that part of the country, says: "Abscess of the liver is very common in the great interior valley of North America—along the Mississippi and its tributaries."

In our own State, and particularly throughout the more western section, liver abscess is rarely seen. Some practitioners of long and extensive experience tell me they have never seen an undoubted case, and that they believe the disease to be extremely uncommon in North Carolina.

In a somewhat extended correspondence with physicians in all parts of the State, I have collected quite a number of cases, of which 30 have been selected for this paper, the remainder being unavailable, either from the meagreness of the history, or from having occurred prior to the last ten or twelve years.

It is possible that a more general inquiry would increase this number, but I am persuaded that the cases here reported fairly represent the frequency of the disease in our State during the past ten years.

ETIOLOGY,

The exact nature of the germ or morbific material leading to pus formation in

the liver has never been satisfactorily made out. As has been suggested by Dr. Dabney, of Va., it is probable that, under certain favorable conditions, there are quite a number of micro-organisms, or their products, capable of bringing about an abscess.

Osler, in his recent work on practice, quotes Councilman and Lafleur to prove the direct causation of hepatic suppuration to be the amœba coli. He says: "There is no doubt as to the direct etiological association of this organism with liver abscess." Whatever the morbific agent may be, there is little doubt but that the blood-vessels, and most commonly the portal system of veins, is the way by which the pyogenic matter reaches the liver.

There is little or no evidence that the lymphatics are ever the means of entrance.

Frerichs has stated that entrance of the germ from inflammation of the veins of the systemic circulation is of far greater frequency than from phlebitis of the portal vein. It is difficult to see how an embolus originating in one of the systemic veins and having to pass through the entire pulmonary circulation before finally reaching the liver, would be more liable to produce an abscess of that organ than where the materies morbi passed direct from some one of the portal system of veins. The improbability of Frerich's statement is well shown in the report of Waldeyer, who found hepatic abscess in only six per cent. of those who died of surgical diseases, while embolic processes in the lungs occurred in more than two-thirds of the cases. Dr. Dabney quotes Klebs, who found that metastasis of the lungs occurred thirty-two times where it happened eight times in the liver.

In the 108 cases tabulated by Dr. Dabney there was only one where was any reason to suppose that the embolism passed through the systemic veins to reach the liver. In this case a man entered the hospital for an ulcer of the leg; after remaining there two months an abscess developed in the liver. It was aspirated and later incised and drained, and the man recovered. Injuries of the head were formerly supposed to be peculiarly productive of hepatic suppuration, and I find that some modern authors still hold to this opinion. Osler, for one, says: "Injuries of the head are not infrequently followed by liver abscess." The weight of authority, however, is against this view. The Medical and Surgical History of the Late War (Volume I.) reports nearly 1,300 cases of injury to the head, and yet there is no mention made of abscess of the liver following in any instance. I think therefore, we are justified in concluding, as might a priori be expected, that hepatic abscess rarely results from injuries or disease of those parts of the body not adjacent to the liver, or connected with the portal circulation, and that passage of an embolus through the systemic veins, finally to lodge in the hepatic vessels, must be very uncommon.

DYSENTERY.

The frequency with which dysentery and intestinal ulceration precedes or accompanies suppurative hepatitis would seem to show a strong etiological relationship between the two diseases. This relationship, however, is very far from

being constant, and it is exceedingly difficult to say what particular kind of dysentery or intestinal ulceration is most apt to be followed by an abscess of the liver.

Should the views expressed by Councilman and Lafleur, and concurred in by Osler, prove correct, then it is in amæbic dysenteries that we are most likely to have hepatic suppuration. The fact that the amæba coli has been found in the pus of liver abscess and in the intestinal discharges seems to point to this conclusion. Dr. Dabney thinks that most tropical abscesses are amæbic in character. Whatever view may be taken of this question, it is quite certain that every case of dysentery, even in the tropics, is not equally liable to be followed by an abscess. In Waring's 300 fatal cases of hepatic abscess, so frequently quoted by writers on this subject, only 27 per cent. were preceded by dysentery. In 50 fatal cases of dysentery reported by Morehead, abscess of the liver was not found once, and in 21 of his fatal cases of hepatic abscess there was no dysentery. Niemeyer remarks that epidemic dysentery in Germany has hardly ever been complicated with hepatitis, although it has been followed by extensive gangrene of the mucous membrane and putrid decomposition of the contents of the large intestines.

Dysentery was quite a common disease among the soldiers during the Crimean war, yet only one case of hepatic abscess was noted. In 150 cases of intestinal catarrh without ulceration, there was but one case of abscess, and in over 500 cases of flux with ulceration, there occurred but 23 cases (Medical and Surgical History of the Late War). Niemeyer and Finger record 311 autopsies in fatal cases of dysentery without finding a single abscess.

In contradistinction to the foregoing view, Budd holds dysentery and ulceration of the intestines to be the exclusive cause of liver abscess. Annesly also reports 29 cases of hepatic abscess in which 21 were associated with dysentery.

Fagge, in his "Practice of Medicine," says that the modern authorities, while denying the etiological value of dysentery and intestinal ulceration in liver abscess, have yet failed to give us a better cause for the disease. He adds, however, that the prevailing opinion, at the present time in India is, that abscess of the liver and dysentery are the results of a common cause. If we are to agree with Osler, this common cause could be no other than the amæba coli.

The liability to abscess is not necessarily increased by the severity of the dysentery or the extent of the ulceration. In numerous post-mortems on fatal cases of hepatic abscess ulcers of the intestines have been discovered which give rise to no symptoms during life.

Bartholow says that the dysentery, or proctitis, which he holds is a common cause of abscess of the liver throughout the Mississippi Valley, was often of so mild a character as to escape recognition.

Abscess of the liver very rarely follows typhoid or tubercular ulceration. The explanation has been advanced that Peyer's patches were connected with the lymphatics, and being very scantily supplied with blood-vessels, did not afford a suitable channel for the transmission of pyogenic matter. If there is anything in this explanation it is offset by a German authority who asserts that the vascu-

lar supply to Peyer's patches is very abundant. Very little can be said respecting the length of time which must clapse after an apparent recovery from dysentery before all danger of hepatic abscess is past. The fact that ulcerative processes may persist in the intestines long after all dysenteric symptoms have disappeared, while abscess of the liver may remain latent for a considerable period, renders any definite conclusion on this point impossible. Dr. Dabney quotes a case of O'Donnell where the dysentery preceded the abscess by nine years; also a case of Faunce and Rowan, where the abscess appeared eight years after the intestinal trouble. The relationship between the supposed cause and the effect in these cases is not very apparent, nor is it likely that any direct connection could be established.

Suppuration around the bile-ducts from retention of bile or the presence of gall-stones is at times productive of hepatic abscess. Dabney thinks that if the so-called tropical cases are left out, this cause of suppuration of the liver would be found to be comparatively common. In 2 of the cases which I have tabulated the abscess originated from retention of the bile. The patient in one instance having suffered from a catarrhal jaundice for some time previous to the appearance of the hepatic affection.

The presence of round worms in the hepatic duct is known to be a common cause of liver abscess in children. Musser has collected 7 cases of this character. Dr. Dabney refers to a case reported by Bates where, in addition to two abscesses, 42 round worms were found in the liver substance, and similar worms were present in the intestines. Abscess of the liver as a result of traumatism is not infrequent. The injury may consist in simple contusion, or penetrating wounds of the liver. Abscesses have also been known to follow fracture of a rib in the vicinity of the liver. Traumatism does not, however, seem to be a frequent cause in tropical abscess.

Morehead, in 318 cases, found only four which were due to traumatic causes. In our climate the proportion of traumatic cases is larger. Eight out of the 108 cases collected by Dr. Dabney were due to injury. Dr. Vogler, of Philadelphia, reports the case of a little girl 12 years of age, who developed an hepatic abscess from carrying a heavy flower-pot. The pain caused by the pressure of the burden on the right hypochondrium was very graphically described by the little patient, who was of slight and delicate build. The symptoms of hepatic trouble, as is usually the case in traumatic abscess, appeared in a few days. The tumor was aspirated first and later incised and a drainage-tube inserted, the patient making a good recovery.

According to Dabney, very few cases of hepatic abscess from penetrating wounds of the liver have been reported. In one of the cases selected for this paper the abscess was supposed by the attending physician to have resulted from the puncture of an aspirating needle. The patient (a man) was suffering from "peritonitis." A consultant was called, who, in the absence of the regular medical attendant, proceeded to make exploratory punctures. The needle was introduced into the right lobe of the liver. Six weeks after an abscess pointed at the seat of the puncture; a diagnosis of psoas abscess was made, and the

abscess incised and drained. The patient, however, died of exhaustion, and at the autopsy an hepatic abscess was found involving over one-half the right lobe.

As there were no hepatic symptoms in this case previous to the puncture, it is quite probable that the abscess was the result of septic matter conveyed to the liver by means of an unclean needle.

PREDISPOSING CAUSES.

A tropical climate is, without doubt, the most powerful predisposing factor in the production of hepatic abscess. That causes other than high temperature are accountable for the prevalence of this malady in the tropics, is shown by the fact that all hot countries are not equally affected. Singapore (India) and Australia are said to be singularly free from liver abscess, while it is well known that the disease is much more frequent and fatal in the East than in the West Indies. Furthermore, if hepatitis were dependent upon high temperature alone, we would expect to find the number of cases increased during the warmer months of the year. According to Fagge this is not the case even in India, the admission to the European General Hospital, at Bombay, for hepatic abscess being greater during the colder months. Maclean, however, thinks that a high temperature, particularly if long-continued, is sometimes a very potent cause of suppuration of the liver. While both these authorities may, in a limited sense, be correct, it is very obvious that of the manifold climatic peculiarities which make up what has aptly been termed the "Liver Abscess Zone," high temperature is only one element.

Malarial affections, by debilitating the general system, and weakening the resisting power of the liver, must also be classed among the predisposing causes of the affection. As has been suggested, it is quite likely that the conditions favorable to the development of the plasmodium malariæ are also suitable to the production of the amæba coli. Beyond this there is probably no other connection between the two diseases.

An examination of any number of cases of hepatic abscess will show a considerable percentage where malaria has preceded the appearance of the abscess. Dr. Haddad, in the "Transactions of the Ninth International Medical Congress," reports four cases of liver abscess occurring in Alexandria, Egypt, in three of which there was a strong malarial history.

I am unable to show from the cases collected in this State that suppurative hepatitis is very much more frequent in the malarial than in the non-malarial districts. With the exception of the extreme western section these cases were gathered from all parts of North Carolina. There is a prevalent opinion, however, and no doubt a correct one, that the affection is most frequently seen in malarial and miasmatic localities. Ten of the cases reported in this paper occurrep in malarial districts, though in only two was there a distinct history of chills and fever

INTEMPERANCE.

Intemperance is very generally admitted to be a predisposing cause of hepatic

suppuration. Fagge is the only exception to this statement that I have discovered; he claims that very little influence is exerted by intemperate habits in the production of the malady. The concensus of professional opinion, however, is clearly against this view of the subject. Five of the 30 cases here reported were addicted to the use of alcohol.

It is a remarkable fact that the female sex enjoys a very decided immunity from suppuration of the liver. This difference is most clearly shown in the tropical cases—thus, in Waring's 300 cases there were only 9 women. In 12 cases personally observed by Bartholow, only 1 was a woman. The experience of other authorities is much the same. In the 30 cases of hepatic abscess collected by the writer, only 2 are reported as occurring in females. Since this marked difference in the relative liability of the two sexes is not present prior to adult years, it constitutes a very strong argument in favor of the usually accepted opinion that intemperance and excesses of all sorts very decidedly increases the susceptibility to this disease.

Suppurative hepatitis is not a common affection during the earlier years of life. Only 34 cases under 15 years of age are reported in Keating's "Encyclopædia of Diseases of Children;" of these cases there were 15 girls and 18 boys, the sex not being given in one case. Traumatism was the most frequent cause (8 cases), round worms coming next, being the cause in 7 of the cases. The youngest patient was one year of age, while the average was nine years. Of the 30 cases reported in this State, there is only one instance of the disease occurring in an infant. This case was under the care of a gentleman in Eastern Carolina, who aspirated the liver of a child 2 years of age for hepatic abscess. Four ounces of pus was withdrawn and the little patient ultimately made a good recovery.

PATHOLOGY.

The formation of an abscess in the liver does not differ materially from the usual process of pus formation elsewhere, the only variation being such as follows from the peculiar structure in which it occurs. Hence any detailed account of the initiatory process and subsequent mode of development will be omitted.

The location and number of the abscesses is of more immediate importance. Experience has shown that the right lobe is most frequently the seat of the malady, and that in the majority of cases where the left lobe is affected an abscess will also be found in the right lobe. In 169 cases the left lobe alone was diseased in 16 cases, while both lobes were affected in 35 instances (Waring's collection). Dr. S. H. Ward also reports post-mortem examinations of 20 cases in which there was a single abscess in 7, there being 2 or more in the remaining 13. In every instance where the abscess was single, it was situated in the right lobe. Dr. Dujardin-Beaumetz, in the Bulletin General de Therapeut, found that abscess occurred in the right lobe in 122 cases out of 136.

Abscess of the liver is single in $62\frac{1}{2}$ per cent. of the cases, according to Waring. Out of 62 cases Dutraulean found 41 in which there was a single abscess, 16 in

which there were 2, and 5 where there were 3. Maclean, in Reynold's "System of Medicine," reports a case of Dr. Parks' where the enormous number of 90 abscesses were discovered at the autopsy. Cases of this character are most usually pyæmic.

Dr. Dabney reports a case from the *Cincinnati Lancet-Clinic* where 4 abscesses developed in the same patient, one following another at intervals of several months; also another from Rozemont-Malbot, where there was a succession of 3 abscesses within a limited period. In both instances the final abscess proved fatal

The contents of hepatic abscess has been variously described as "white," "creamy," "reddish," "dark-yellow" and "dark-brown." As a matter of fact, its character depends largely upon the nature of the abscess. Where there is a limiting membrane, especially if the case is one of long-standing, the pus is apt to be white or yellowish, and much less fluid than in the more acute form of the disease; when the abscess runs a rapid course and is of the diffused variety, the pus is frequently reddish-brown or "marbled" from admixture of blood and sometimes of bile. In these cases it also frequently contains shreds and debris made up of hepatic tissue. Osler and some others have on several occasions discovered the amorba coli in the pus of hepatic abscess, but in many cases it is entirely sterile, and the purulent collection has been known to enter the peritoneal cavity without doing harm. Such instances must be very uncommon, however, and do not justify an expectant treatment. Hepatic cells have not been found in the pus of liver abscess as often as might be supposed. In many cases, where microscopical examinations have been made, no cells were present. It is probable that they are only found in those cases where no pyogenic membrane is formed.

The largest quantity I have seen recorded is 17 pints. Waring has reported two cases, each containing one gallon.

Statistics show that rupture is most liable to take place into the right thoracic cavity or the intestinal canal. Many cases also rupture externally. In rarer instances discharge has taken place into the abdominal cavity, the pelvis of the kidney, the pericardium and the vena cava, or the pus has burrowed downwards in the vicinity of the sacro-iliac junction. Occasionally the discharge may take place through several openings. Dr. Graves reports a case where there were three apertures into the stomach, the patient dying from a fourth opening into the pericardium. In 9 of the 30 cases presented in this paper, where spontaneous rupture took place, discharge was effected in every instance into the right thoracic cavity. In one instance, reported by Dr. Wilson to the North Carolina Medical Society at Asheville, there was rupture into both the right lung and the gut. After the escape of pus the walls of the abscess, in favorable cases, come together and healing takes place, often so perfectly that no scar is visible.

In a considerable proportion of cases rupture does not occur. In Waring's 300 cases 169 remained intact. In this class of cases absorption occasionally takes place. Morehead reports three instances where resolution undoubtedly occurred.

SYMPTOMS.

Many cases of hepatic abscess present no symptoms whatever, the rupture of the sac and escape of pus being the first indication to either the patient or his medical attendant that the liver is affected. It has been asserted that these latent abscesses are always chronic, but there are numerous exceptions to this statement.

Dr. Joseph Gabriel, of Cairo, Egypt, reports a case where the abscess ruptured into the lung two months after all symptoms of hepatitis had subsided, and the patient was up and attending to his business.

More numerous still are those cases where the symptoms pointed to diseases of other organs. A more interesting case of this kind is reported by Dr. Eichberg, of Cincinnati, where a diagnosis was first made of phthisis, then of lobar pneumonia, and finally of pleurisy with pus. An abscess of the liver was ultimately discovered by means of the aspirating needle, and a large quantity of pus evacuated. A resection of the 6th and 7th rib was made, but the patient died on the second day after the operation.

In the more regular type of the disease, the constitutional and local symptoms are much more marked. There is often an initial chill followed by fever, though the temperature does not usually run over 102° to 103° F. The fever may be of the remittent or intermittent type, most commonly the former. A rigor followed by fever and sweating announces the formation of pus, though there are many cases where these symptoms are absent, or are so slight as to be over-looked.

The disturbances of the digestive organs are such as may be present in any febrile affection, and therefore do not possess much value from a diagnostic standpoint, except in those cases where the abscess, by pressing upon the stomach, excites a persistent vomiting; from a similar pressure upon the intestines an irritative diarrhœa may occur. In conjunction with other symptoms, persistent emesis may prove a valuable indication of abscess of the liver.

Jaundice is comparatively rare, though the skin frequently has a peculiar earthy or fawn-colored appearance. Where it does occur its presence may be due to pressure or is merely incidental.

The occurrence of respiratory symptoms depends greatly upon the location of the abscess. There is usually, however, some dyspnœa with cough and pleuritic pain, all of which would be increased should the abscess tend to rupture into the thoracic cavity.

Pain, or at least a sense of soreness, or weight in the hepatic region, is quite a constant symptom. Reflex pain in the shoulder of the affected side is much dwelt upon by some authors. As this pain is by no means always present, its absence has little weight as a negative sign.

Urinary examination in some cases reveals an increase of urea, and more rarely the presence of casts; in the majority of cases, however, no examination of the urine is made. The most definite indications of hepatic abscess are derived from a physical examination. In most instances there is a decided prominence in the right hypochondrium, with an increase of the area of liver dulness. In the writer's case the hepatic dulness extended midway between the right costal

margin and the crest of the ilium. Where the abscess is situated in the left lobe the swelling will be more in the epigastric region.

Tenderness and pain on pressure are rarely absent, while the decubitus of the patient is also suggestive—there is a tendency to relax the muscles by a lateral inclination of the body, and in some instances by bending forward.

In this brief resumé of the local and constitutional manifestation of hepatic abscess, only those symptoms which are recognized as most constantly present are mentioned. Any or all of them may be absent, but it is rare that a careful physical examination will not discover some indication of the disease.

It would exceed the limits of this paper to speak in detail of the complications which may affect the course of hepatic abscess. With the exception of dysentery, peritonitis, pleurisy and pneumonia, all of which have been previously referred to, complications are uncommon in this disease.

The course and duration of hepatic abscess is very uncertain. So variable a disease sets at defiance any attempt to formulate rules. An analysis of a large number of cases has shown that discharge is frequently effected by means of thoracic cavity, the abdominal parietes or the intestines; of these three rupture through the lung is most common and the most favorable to life, about one-half of such cases terminating in recovery.

The mildest cases of liver abscess rarely last less than six or 8 weeks, and this period may be very much prolonged. Incomplete recovery may result from extensive loss of the hepatic structure or from the existence of a fistulous opening, the patient being finally exhausted by the continuous discharge.

In two of the cases selected for this paper the recovery was incomplete; the abscess was still discharging when seen two years after the first escape of pus. Both cases were dead at the end of five years, but whether from causes directly attributable to the abscess, or from some other disease, the history does not state. I incidentally learned of a case in this State where an abscess of the liver continued to discharge through a fistulous opening for upward of thirty years, the patient living to old age. In this instance there was probably a small sinus and slight discharge.

"Suppurative hepatitis," says Frerichs, "belongs to that class of severe maladies which imperil life and which terminate in death far more frequently than in recovery." Birch Hirschfeld remarks that "idiopathic abscess of the liver usually results in death at the end of a few weeks."

Of the 34 cases reported in Keating's "Encyclopedia of Diseases of Children," 12 recovered—a little over 46 per cent, ending fatally. It is further stated that of the 12 favorable cases, only one can be credited to the unaided efforts of Nature. Of 13 cases which received surgical treatment, 11 recovered. I shall presently, however, have more to say in regard to the effect of operative treatment on the prognosis. In 203 cases of abscess of the liver reported by Rouis, 162 ended fatally, being a mortality of 80 per cent. Bartholow states that the mortality of 12 cases occurring in his own practice was 75 per cent. In Dr. Dabney's 110 cases the mortality was 60 per cent. The death-rate in the 30 cases reported in this paper was 50 per cent.—a very creditable result, considering the

fatal nature of the disease. The average mortality of any large number of cases will probably not be less than 70 per cent.

Regarding the prognosis in any special class of cases, I merely quote the quaint and rather broad statement of Cullen, that "the prognostics of this disease are established upon the general principles relating to inflammation, upon the particular circumstances of the liver and upon the particular state of the inflammation."

Any elaborate discussion of the "particular circumstance" and the various complications and accidents affecting the termination of liver abscess, must of necessity be largely a repetition of what may be found in any good text-book, and for this reason I shall have very little to say upon this part of the subject.

The influence exerted upon the prognosis by a correct and active treatment is of more immediate interest. Below I have attempted to tabulate the cases reported by Dr. Dabney in such a way as to show the extremely favorable results from surgical interference as compared with the unaided efforts of Nature:

	o. Died.	Mortality.
Total number of abscesses		60 p. c.
No. of cases treated surgically No. of cases receiving no operative	59 21	35 p. c.
In five cases the treatment is not sta		82 p. c.

Other things being equal, this analysis shows a clear gain of 47 p. c. in favor of active interference with these cases. An examination of the North Carolina cases gives an almost similar result:

	No.	Died.		Mortality.
Total number of cases	.30	15		50 p. c.
No. of cases receiving no surgica treatment.		7		77 p. c.
No. of cases receiving surgical treat		′		77 p. c.
ment	21	8		38 p. c.

Here the difference in mortality between the cases receiving surgical treatment and those which did not is 39 p. c.

Prof. Dujardin-Beaumetz, who is a strong advocate of prompt surgical interference, gives the following statistics on this point: "Of 120 cases without operation, the mortality was 80 p. c., whereas the mortality in cases operated on was only 32 p. c.

In the "Transactions of the Medico-Chirurgical Society of Alexandria, Egypt," the mortality from non-interference in very large abscesses was 88 p. c.; surgical treatment of similar cases gave a death-rate of 32 p. c. Such a uniformity of results demonstrates, beyond all peradventure, the favorable influence exerted by surgical treatment upon the prognosis of liver abscess.

It would be interesting to note in this connection the mortality in those cases where treatment was resorted to promptly, as compared with those where surgical measures were not used until late in the disease. Unfortunately, there exists but little data for such a comparison.

DIAGNOSIS.

"He who finds the diagnosis of abscess of the liver easy under all circumstances, can have had but little experience with the numerous difficulties in the way of a correct opinion. There are cases so plain that the most casual inspection suffices to form a conclusion—there are cases so difficult that the most elaborate study fails to unravel the mystery." It will hardly be necessary to give in detail the differential diagnosis between hepatic abscess and the numerous diseases with which it may be confounded. Where pain and enlargement in the vicinity of the liver occur in connection with fever, and it may be with rigors and other indications of pus formation, attention is at once directed to the liver, and a careful examination will rarely fail to reveal the nature of the trouble

When enlargement exists with neither fever nor pain, as in hydatids or ecchinococcus, and in those instances where from the obscurity of the hepatic symptoms a correct conclusion is impossible, the crucial test of puncture with the exploring needle becomes a measure of necessity. Even after pus has been withdrawn by the aspirating needle, there are a certain number of cases where the diagnosis remains in doubt, and a decided opinion is only reached by the use of the microscope. Koch has shown constant association of amœba coli with tropical abscess, and Osler has on several occasions diagnosed abscess of the liver by finding the amœba coli in the sputum of patients where rupture had taken place into the bronchi.

A microscopical examination is of special value where the abscess encroaches upon the lung, in some instances pushing the diaphragm as high as the second or third rib. Such cases present peculiar difficulties, as the physical signs and the symptoms are much the same as in empyema. Here a microscopical examination of the contents showing the presence of hepatic cells or the amœba coli would indicate the source of the pus. The same test would differentiate an hepatic abscess from an abscess of the abdominal wall situated over the liver, often a matter of perplexity. A large experience has shown the harmlessness of exploratory puncture when properly performed. It is true that accidents have occurred from this practice, and Morehead says that the use of the exploring needle in cases of doubtful diagnosis was condemned and abandoned by Indian physicians, Dr. Reeves, of Dayton, Ohio, has reported an instance where death occurred while the needle was being introduced into the liver, but I am (unfortunately) ignorant of the particular circumstances of this case. Dr. Godlee refers to the danger of internal hemorrhage resulting from puncture of a bloodvessel, and attention has already been called to a case in this State where an abscess was caused by the neglect of antiseptic precautions in making the puncture.

Exploratory puncture of the liver has now been performed so many times, and so rarely have unfavorable symptoms been produced, that the procedure has received the unqualified endorsement of the profession.

Those few instances where the puncture has apparently resulted badly for the patient, should serve to impress the necessity of thorough antiseptic preparation

and the carrying out of all proper precautions; when this is done, any danger from puncture of the liver is very remote and cannot compare with the more immediate evil to be apprehended from the unsuspected presence of an abscess.

Before leaving this portion of the subject it would perhaps be well to mention two circumstances under which the use of the aspirating needle is apt to prove misleading.

In cases of long-standing, and in some of more recent origin, the fluid portion of the contents being absorbed, the residue is too thick to flow through the needle, and hence the erroneous opinion may be formed that no abscess is present. The same mistake may be made in an abscess of small size, the needle failing to enter the sac. The failure to find pus is therefore not always to be considered as an absolute proof that none is present. With such difficulties in the way of a definite conclusion, we cannot do better than adopt the advice of Frerichs: "In most cases a correct diagnosis will only be arrived at by not relying upon individual symptoms, by taking a general view of the mode of origin and entire clinical history of the case, and after excluding by comparison the disease of the liver and of the neighboring parts, which may give rise to symptoms similar to those of hepatitis."

TREATMENT,

The remedies formerly in vogue for the relief of a patient suffering from hepatic abscess were such as were commonly prescribed for inflammatory affections, no matter where situated. To bleed, to blister, to purge—to maintain a constant "brassy taste" in the mouth by the free exhibition of mercury, and similar measures more destructive to the patient than to the disease, were regarded as the sine qua non of any successful treatment.

We have now learned that it is wrong to adopt a spoliative system of practice in a malady where the condition sooner or later becomes one of asthenia. Belief in the aplastic power of mercury, once an article of faith with every orthodox physician, is also a thing of the past, and modern medical science, with its tendency to exact methods, has substituted an equally active, but far more successful, treatment for this disease.

No one acquainted with the present mode of treatment would hesitate to say that the measures necessary for the relief and cure of hepatic abscess are essentially surgical in character, and the most optimistic therapeutist must admit that medicinal means occupy here a strictly secondary position. Of the two operative procedures resorted to for the cure of suppurative hepatitis, that of free incision for drainage probably has the most numerous advocates and gives the speedlest and surest relief. Aspiration alone is sufficient to effect a cure in a certain class of cases, where the abscess is small and the contents can be entirely removed; but it often happens that the pus cannot be completely evacuated in this manner, or reaccumulation takes place, the constitutional symptoms return and the operation has to be repeated a number of times. As has been well remarked: "Imperfect removal of pus by one or more aspirations or punctures, permitting more or less to remain behind, will, in addition to that constantly

forming, undoubtedly keep up constitutional disturbances, and finally produce a fatal issue by rupture or blood-poisoning, if the very rare act of absorption does not take place."

Aspiration alone, however, has succeeded in giving permanent relief in quite a number of cases. In a case treated by the writer, the abscess being of moderate size, and occurring in a young girl 12 or 14 years of age, several evacuations of the pus in this manner resulted in complete recovery. In two other instances occurring among the cases reported in this paper, a cure was effected by the use of the aspirator alone.

A combination of the two methods is possibly the most usual plan of treating liver abscess in the hands of the general practitioner. There are obvious advantages in such a course—the repeated punctures facilitate the formation of adhesions, aid in locating the position of the abscess and render the late operation of incision and drainage less difficult. Moreover, aspiration, with the evacuation of more or less pus, alleviates the distress of the patient and lessens the danger of delay. On the other hand, the possibility of spontaneous rupture from the rapid reaccumulation of pus, or the complete exhaustion of the vital forces consequent upon an imperfect and tardy relief, shows the necessity of carefully selecting our plan of treatment for individual cases. Incision and drainage may be regarded as the most satisfactory treatment in many cases of suppurative liepatitis. This method is advocated by some eminent authorities as a proper procedure in every case, and there can be no doubt that, in the hands of competent surgeons it has given the best results.

The manner of operating depends largely upon the absence or presence of adhesions between the liver and the abdominal wall. Where the liver is attached an incision can be made directly down to the abscess cavity. Dutraulean aspirates first, and then, using the needle as a guide, makes a free opening with the knife; his plan is especially good where the abscess is located deeply in the liver.

Should it become necessary to operate before adhesions have taken place, certain preliminary measures must be employed to bring about attachment between the liver and the abdominal parietes. The use of the cautery for this purpose has been strongly recommended by foreign surgeons. Little, of Shanghai, reports great success from the Pacquelin cautery, and Bardier, in his "Treatment of Abscess of the Liver" (Jour. de Therap.), describes the method used by the African empirics from time immemorial, who first cauterize the parts with a red-hot iron, and, after waiting a few days, open the abscess with the knife.

The plan usually employed by American surgeons is, I think, much more scientific and exact. It is thus outlined in Gerster's "Aseptic and Antiseptic Surgery": "The incision of hepatic abscess located in the unattached liver, requires some special precautions. The abdominal wall opposite the tumor is incised under a strict observance of the rules laid down for laparotomy, so as to expose the liver. The incision is packed with iodoform gauze, and a dry dressing is applied. In three days firm adhesion of the liver to the abdominal walls will be established, when, the packing being removed, the liver is punctured,

and pus being found, is freely incised and the cavity evacuated and drained." A more rapid method now being advocated consists in stitching the liver to the edges of the abdominal wound and incising the abscess at once.

It is interesting to note that, about the year 1839, Dr. Horner, of Phlladelphia, published a case of hepatic abscess on which he operated, and, finding the liver unattached, stitched it to his abdominal incision and evacuated the pus. His patient died five days afterwards, but not, it is stated, from peritonitis. Dr. Horner's case is probably the first recorded instance where such an operation was done, and a certain Edinburgh professor of that day stigmatized it as "barbarous practice." Now, this procedure is recognized as entirely practical and legitimate, though the occasions where it is necessary are limited.

It is a matter of regret to the writer that, from the short time occupied in getting up this report, the errors, both literary and scientific, must be most apparent to a critical eye; the difficulty in getting a definite history in some of the cases also detracts from the completeness of the paper. Notwithstanding these deficiencies, I trust that my efforts may not be altogether without some practical interest to North Carolina medical men.

AN HISTORICAL SKETCH OF THE SURGERY OF SOUTH CAROLINA.

By L. C. Stephens, M.D.

Read before the South Carolina Medical Association, April, 1893.

Despite the destructive influences of the "tooth of time," fire, revolution, cyclone, earthquake, the languishing condition of facilities for the proper dissemination of medical literature on the wings of the press, and the consequent difficulties arising from all these various elements, adverse to a satisfactory collection of data bearing upon the achievements of the "Knights of the Scalpel," which have environed our State, the writer hopes to be able to rescue from the "mouldy records" a few fragmentary relics, and, if possible, place them in a more comely shape, not only for preservation, but as a tribute to their worth and character. This is imperatively demanded in the interest of the progress of science at home and abroad. The results of the researches of all the branches of science transmitted to their fellow-enquirers and to those devoted to the study of man in general, now and in all time to come, are legacies to be valued beyond gold.

If the teachings of the "Father of Medicine"—Hippocrates—two thousand years ago had been made effective by their observance, medicine would have become before now a truly exact science. Empiricism, instead of hovering around us as it now does, would have been relegated to the rear. Among all the sciences and arts he held that "Medicine was the most noble." The accumulated experiences of the many centuries from the time that Homer sang:

"A wise physician, skilled our wounds to heal, Was more than armies to the public weal,"

to the present day, has the truth of this claim been fully attested and satisfactorily displayed,

It is a matter greatly to be regretted that, from the beginning of the present century, when that distinguished historian, David Ramsay, himself a successful and industrious cultivator of medicine, laid down his graphic pen, no one guided by a mind gifted with superior powers, or to whom favorable opportunities had given a clearer insight into their inner lives, had been employed to chronicle the wisdom of those sages whom we have learned to recognize as "intellectual chiefs," whose lives were devoted to the cause of science and humanity. The historian of to-day, therefore, who attempts to collect and collate in an intelligible manner these valuable, but disconnected data, is confronted with as formidable difficulties as those ancient workmen, under their Egyptian task-masters, who were required to make "brick," but positively refusing to furnish "straw."

For the surgical history of our State up to the beginning of the 19th century, we are almost entirely indebted to Dr. Ramsay, who tells us that for eighty or ninety years of the settlement of South Carolina, the practice of physic was confined almost entirely to Europeans. Among these were several able surgeons. It was about the middle of the 18th century that any native of America established himself as a practitioner of medicine. Then, about 1760, some few youths placed themselves under the care of respectable physicians in Charleston, did apprentice duties, read practical medical works for four or five years in their shops, spent three or four seasons at the University of Edinburgh, and came home invested with the merited degree of Doctor of Medicine. Anterior to the Revolution, we are told, nothing short of an European education would "pass muster," but the Pennsylvania University, with its talented corps of professors, gradually grew in favor, doing away with this impression.

The study of Medicine daily grew more fashionable, until the first people in the State began to educate their sons for physicians. Notwithstanding this, with the growth of population extending into the interior, making it difficult to secure the services of a physician on account of distance, there arose a disposition, born of necessity, among the better informed, to prescribe for their own and their neighbors' sick, using family medicines and well-known vegetable productions, and often with success beyond their expectations. In cases of surgery, however, they were put to their wits; but even here, we are told, goaded by that same necessity which "knows no law," and which is called the "Mother of Invention," coupled with common-sense aiding invention, they often performed wonders. Dr. Ramsay himself tells us that, in 1799, he examined the stump of a man living near Orangeburg, whose leg, after being horribly mangled, had been successfully amputated by one of his neighbors with a common knife, a carpenter's saw and tongs. The last instrument was applied red-hot to staunch the bleeding, "Although the stump was far from being an elegant one," said he, "still the patient enjoyed all the advantages of a dexterous performance of amputation." He lived sixty miles from a surgeon.

The first native Carolinian who obtained a degree in medicine was Wm. Bull. He had been a pupil of Booerhaave, and his thesis in the year 1734 ("De Colica Pictonum") was read before the University of Leyden.

He is quoted by Von Swicten, his fellow-student, as the "learned Dr. Bull." John Moultrie was the first Carolinian who graduated from the University of Edinburgh (1749). His thesis was, "De Febre Flava." Between 1768 and 1788 ten more natives received degrees, viz: Isaac Chanler, Peter Fayssoux, Thos. Caw, Charles Drayton, Tucker Harris, James Air, George Logan, Zachariah Neuffville, Robert Pringle and Robert Peronneau. "Since the peace of 1783," adds the distinguished historian (speaking of the South Carolina graduates), "there are physicians and surgeons who are equal to the judicious treatment of every disease and the dexterous performance of every operation in surgery." The improvements in surgery made by distinguished Europeans were thus, through their graduates, transplanted into South Carolina.

Diseases of the eyes before the Revolution were not so well understood, and few operations were successful or ever attempted. All honor to the patient, dilligent and exact observer, for conducting this special branch of surgery out of the labyrinth of darkness and placing it to-day easily accessible to their fellow inquirers, imposing upon them grateful obligations which the offerings of ages cannot cancel.

In the study of the medical history of the State, we find that Carolina had its full share of most diseases, while of others it had less. Gravel and nephritic complaints must have been comparatively rare. Up to about the beginning of this century the operation of lithotomy had been performed only three times in the State. Two of these were performed by Dr. Turner, of Connecticut, and the other by Dr. Joseph Glover, of South Carolina. All successful.

Since then this operation has been successfully done in times by Dr. O. B. Mayer, Sr., and repeatedly by Dr. R. A. Kinlock and other surgeons in the State.

An event occurred about this period, which, although not altogether directly bearing upon the surgical history of the State, yet proved to be a great triumph to suffering humanity, and which will not be altogether out of place to mention: Four years after Dr. Jenner had published the efficacy of vaccination in the prevention of small-pox, it was introduced into Charleston. This was the work of David Ramsay, who, after many trials, succeeded in February, 1802, in communicating the disease to his son Nathaniel. No case of clearly-marked small-pox has since, followed a clearly-marked case of vaccination.

From what can be gathered from an examination of papers emanating from the Medical Society of South Carolina, which was organized in 1789, being the fourth in point of time in America, and a sketch of whose origin and history, together with graphic notices of the brilliant men who composed its membership, Dr. Middleton Michel, in his elegant and chaste language, in an address delivered on retiring from its presidential chair, furnishes us with the names of those worthies who have made their impress upon the surgical history of the State. Prominent among them appears Peter Fayssoux (already mentioned), who took an active part in our Revolutionary struggles, being Surgeon-General

of the State. Matthew Irving, brother of General William Irving, a graduate of Philadelphia, under Rush and Shippen, was conspicuous as a surgeon to Lee's Legion, "sharing the hardships of the tented field, his impetuous spirit urging to the front in the thickest of the fray, where he was severely wounded." Dr. Joseph Glover, who has already been mentioned as the first native Carolinian to perform the operation of lithotomy, was also skilled in ophthalmic surgery. One of his capital operations (reported) was the excision of a gangrened spleen and ligation of a branch of the splenic artery of a negro of Major Pinckney, who was stabbed. The operation was performed August 12th, 1801. The following tribute was read by Dr. John Bellinger, himself a distinguished surgeon, as chairman of a committee appointed by the Medical Society:

"At home he will long be remembered for his zealous promotion of the objects of our Association, and for his boldness and dexterity as a surgeon; whilst abroad his fame will rest upon his having fearlessly undertaken, and having skillfully accomplished, operations for the performance of which the records of medicine furnish so few precedents."

This Society boasts to-day of having, in point of time, the third oldest library in America, the others being the Pennsylvania Hospital and the College of Physicians, in Philadelphia; the nucleus of this library being the joint donation of Drs. Robert and Samuel Wilson, February 26th, 1791.

The earliest medical periodical published in the South was the *Carolina Journal*, edited by Drs. Thomas Y. Simons and William Michel (father of our distinguished fellow-citizen, Middleton Michel), in 1822. Its publication, however, was of brief duration, and was discontinued for reasons not known to the writer, after this short but brilliant career.

Just about this time a great event occurred, which had much to do in moulding medical history and affording systematized instruction in the State: It was the organization of the Medical College, which was the work of Dr. Samuel Henry Dickson principally. The accomplishment of this "early and ambitious scheme" has been the means of sending out into the world to combat with the inherited ills of flesh some of the noblest specimens of intellectual culture the world has ever produced. Some of these started life in small towns and rural districts, and, after testing their strength and gaining that confidence so necessary for success, moved to larger towns and cities, and there fought their way into position. They now occupy posts where their varied faculties are devoted to the amelioration of human misery and are recognized as intellectual chiefs in the homes of their adoption, or, having "passed over the bar," have left for themselves eternal monuments, in their wonderful achievements, more lasting than marble. Such men are Folland and Gaston, of Columbia; Sims, of Lancaster; Baruch, of Camden; Dickson, Miles, Michel, Cain, Chisolm, Thomas, Logan and Bruns, of Charleston; and many others, whose names cannot now be recalled.

After the publication of the first medical journal had been discontinued, it was nearly a quarter of a century before the establishment of another. In 1845 the Southern Medical and Surgical Journal, edited by Drs. J. J. Lawrence and S. D. Sinkler, became the recognized representative of medical opinion of the

profession in the State and throughout the South. It ably sustained a reputation for high literary character for another quarter of a century, when it again succumbed to a combination of elements acting adversely to its existence, after having been edited by a number of men peculiarly fitted for the work. Another quarter of a century has elapsed without any effort being made by the profession to revive its organ.

In the history of surgery, not only in the State, but in general, there has never occurred an event that has so revolutionized the practice, nor a revelation more eagerly hailed by disappointed and dispirited sufferers, than the discovery which Oliver Wendell Holmes was pleased to term "the last gift of mercy," namely, the introduction of anæsthesia. The insensibility to pain thus secured rendered the operations of the surgeon, hitherto attended with struggles and all the intensity of pain endured, without the least, and the whole process was accomplished. without interruption. The older practitioners in the State have witnessed some surgery in their earlier days that would now be termed brutal, and the screams and writhings of the sufferer still ring in their ears. Thankful are they too, that such exhibitions of agony will never be witnessed by them again. Dr. Bissell, a dentist of Charleston, was first to introduce the practice in the extraction of teeth. He used a patented instrument for the administration of ether obtained at the North from the discoverers, Morton & Jackson. Dr. M. Michel was the first to administer it publicly in Charleston (and for that matter in the State) for a surgical operation. This was just after the discovery was made known. His operation was a Symes amputation of the foot, done in the amphitheatre of the Medical College, just after the meeting of the Medical Society, the members of which were invited to witness the administration of ether by Dr. Bissell, who was at that time regarded as the only one who had the right to give it. Dr. Arthur P. Hayne, a friend of Dr. Michel, suggested to him to send for Bissell. It was guite an astonishment to all those present to see and verify for the first time the successful result.

The first instance of chloroform inhalation in the State, that we have any notice of, was for the performance of a lithotomy on a child 7 years old, in the presence of Drs. Fitch, Mood and Geddings, in Charleston, May 15th, 1850, by Dr. F. M. Robertson. The calculus weighed one ounce and was four and seventenths inches in circumference. Lithotrity was attempted, but failed. The bilateral operation was practiced.

The second chloroform operation was in Columbia, for reducing a dislocation of the femur, by Drs. Crane and Blanding, December 19th, 1850.

From 1833 to 1860 Drs. Eli Geddings, John Bellinger and Julian J. Chisolm (occupying chairs of Professors of Surgery for most of the time) gave tone and character to the surgery of the country. Dr. Samuel Henry Dickson on one occasion had this to say of Dr. Geddings (both of whom, from comparative obscurity, without the aid of friends or fortune, attained the highest honors of the profession and reached enviable elevations), in his usual chaste and elegant style; "Among the many agreeable reminiscences of my life, is the recollection of having some share in the education of such a pupil, of whom, indeed, all his

instructors may well feel proud." Dr. Eli Geddings possessed, in a remarkable manner, the necessary qualifications for a surgeon—courage, dexterity, acumen in diagnostic discrimination—all of which he combined in an eminent degree. In 1843 he diagnosed and treated successfully a case of fracture of the neck of the femur within the capsular ligament. In two years time the negro died of tetanus. Dr. Geddings verified his diagnosis by a post-mortem examination, and not only this, but the result revealed a perfect bony union.

Dr. John Bellinger was the first surgeon in South Carolina, and about the fourth in America, to perform the operation of laparotomy for the removal of diseased ovaries. In 1835 he extirpated a hard and fibrous ovarian tumor, about the dimensions of a medium-sized fist, from a black woman about 35 years of age, ligating two arteries with animal ligatures, which were cut close to the knot. The wound was closed with interrupted sutures and adhesive plasters. An exploratory incision was made in another case of ovarian tumor, but the operation was desisted from on account of the reflected peritoneum being found universally adhered to the omentum and intestines along the line of incision. The incision (through the linea alba) was closed with sutures and plaster. The patient lived in much suffering. In June, 1846, in the presence of Dr. Geddings, Ogier and Pelzer, Dr. Bellinger performed hysterectomy on a black woman about 30 years of age. Although it proved fatal on the fifth day from peritonitis, still it was a bold operation for the times. This tumor was found too large for the incision, extending from one inch above the umbilicus to the pubis, and the incision had to be enlarged by one three inches in length at right angles towards the left iliac region. It was described as "a large, irregular tumor, involving the uterus, in fact, is the uterus itself. The neck of the uterus is cut across about three-fourths of an inch above the os tince, and the entire tumor removed." Many arteries required ligatures, and animal ligatures were used. One more operation, showed that this distinguished operator did not hesitate, even at this early period (1846.) to enter the abdominal cavity, and the subject of pioneer laparotomy in South Carolina ought to be settled. This brilliant operation was a schirrous tumor of pelvic origin, extending from the anterior superior spinous process of the right ileum to the linea alba. The proposed operation was deferred till after the accouchment of the woman (white or colored not stated), which was near at hand. After convalescence the tumor was extirpated by incision made corresponding with the long diameter. A tedious and delicate operation was required in order to detach the tumor from the contiguous muscles, intestines and round ligaments of the uterus, to which it had contracted close adhesions. The wound closed in the usual manner - (suture and straps.) Quinine and iron ensured a perfect recovery. Operation was done in the presence of Drs. Dickson, Jervey, Pelzer, Wragg and several medical students. Dr. Joseph Glover was the first to perform hysterectomy in the State (1813), removing the entire uterus, the patient making complete recovery. Dr. Bellinger was next (1846), though unsuccessful, as stated. In 1816 Dr. John King, of South Carolina, removed a living child in a case of extra-uterine pregnancy by opening into the pelvic cavity by the side of the vagina and extracting the child with forceps. In 1870 Dr. T.

Gaillard Thomas, a South Carolinian, performed successfully gastro-elytrotomy. To a native South Carolinian, Dr. J. Marion Sims, is due the great honor of perfecting the operation for vesico-vaginal fistula in 1852. The history of this achievement is a very interesting one, and is more or less familiar to the profession. It proves that the battle for honest fame is a desperate struggle where many fall by the wayside and are carried, fainting and disappointed, to the rear, "unhonored and unwept," while others will pick up courage to return to the front to "fight to the finish." The latter finds a fitting counterpart in Sims-"Sims, the greatest and grandest of all the men who have recently passed away. Satisfying the requirements of a continent, he traversed the ocean in order to give to Europe the benefit of his learning and experience. He claims among his patients one or more of the crowned heads of Europe. He was the pioneer of gynæcological and abdominal surgery. The bronze statue that is to be erected by his professional friends over his mortal remains bears but feeble attestations to the reverence with which he is regarded by the civilized world."—(Address by Hunter McGuire, M.D., 1889.)

Paracentesis of the Chest-Wall.—In this operation F. Peyre Porcher, M.D., LL.D., of Charleston, is entitled to the distinction of pre-eminence, having reported in successive issues of the "Transactions of the State Medical Association" 69 cases. Besides these he has recorded in the New York Medical Record and elsewhere three cases of paracentesis of the pericardial sac. One of these cases is reported in Dr. Roberts' volume on Paracentesis of the Pericardium as the fifty-fourth on record. It would be difficult, it seems to me, to point to a more eminent illustration of the beneficent results of accuracy of diagnosis than that pictured by the 72 cases of this distinguished diagnostician! The first publication that ever appeared with "C. S. A." upon it came from the publishing house of Walker, Evans & Co., in 1861, entitled "Illustrations of Disease with the Microscope—Clinical Investigations, etc., by F. Peyre Porcher, M.D." He also published a paper in 1877, which has been favorably referred to by writers on surgery, entitled "Open Dressing of Amputation Wounds."

Luxation of joints, before the use of anæsthesia, was reduced by the relaxation produced by venesection, as taught by Physick. Tartarized antimony and other nauseating medications were utilized for the same purpose,

As early as 1835 Dr. W. T. Wragg, of South Carolina, prepared and used for ligating arteries animal ligatures; thus foreshadowing their general use as an essential part of the technique of modern antiseptics, anticipating Dorsey by nine years with his "buckskin" and "catgut." They were first dried—these deer sinews—then "stripped down and twisted so as to form a small round thread of smooth and regular surface, elastic and strong enough to withstand any degree of force that can be applied to it by the fingers in drawing the knot. It was claimed for them that they produced less inflammation of the living tissues than other sutures, and were susceptible to absorption and carried away by the action of the living parts in the midst of which they were placed." In the British Medical Journal of May 2d, 1885, is a contribution by C. B. Keetly on

"Buried Sutures" (Journal American Association, Volume XX., No. 6), in which the author speaks of the importance of suturing separately periosteum to periosteum, muscle to muscle, deep fascia to deep fascia, skin to skin, after deep incisions of all kinds. He makes mention of aseptic animal sutures, such as carbolized cargut, to be used separately as buried sutures. Soon after this Schræder employed layers of continued cargut sutures in the operation for the restoration of the perineum. Thomas about this time used buried continuous catgut in closing the abdomen in his laparotomy cases." So it was the aseptic healing of wounds by the employment of buried animal sutures, as practiced by Dr. Wragg, of South Carolina, that has so revolutionized surgical gynæcological practice, and made modern ideal surgery possible. This cannot be successfully controverted, because it anticipates by twenty years its general adoption.

Next to anæsthesia in revolutionizing the practice of surgery in South Carolina and popularizing abdominal work, is antisepsis. Shock and sepsis have always heretofore been the *bete noir* of surgeons. "Listerism," as taught by its talented inventor, however, is not now practiced, having been greatly modified by the modern surgeon. Still the principle remains, and must forever remain, the merit of the immortal Lister. By it it is possible to prevent suppuration by keeping the wound and its environments in an aseptic condition. By it, relying upon aseptic cleanliness, the opening of the abdominal wall is as readily accomplished as the ancient phlebotomist would bleed from the arm.

The modern South Carolina surgeon has not been slow in availing himself of these advantages, as frequent cases of laparotomy reported at our annual medical convocations will attest. It has not been a great many years when, if a man received a stab or gun-shot wound, perforating the peritoneal cavity or the intestines, he would have been considered, as a necessary consequence, a mortally wounded man. Now, the surgeon, with a confident hope of success predominating, can cut, replace and sew up.

Recently the question has been agitated as to the priority of this kind of work, namely, the incising of wounded intestines and suturing their ends, with a view of establishing the continuity of the canal. And again the South Carolina surgeon, upon investigation, comes to the front. In 1859 Dr. J. McFadden Gaston, then of Columbia, S. C., now of Atlanta, Ga., excised about two and onehalf feet of the intestines and sutured the ends with perfect success. In 1863 another distinguished South Carolina surgeon, Dr. Kinloch, opened the belly of a Confederate soldier and performed a similar operation resulting in complete recovery. These are the first cases of the kind on record in the world, in their successful results, and are of so much importance to the profession, that the case of that skillful surgeon, Dr. Gaston, will bear reporting in this imperfect sketch. A man had removed three pieces, each of some ten inches in length, from the small intestines while under the mental hallucination of delirium tremens. When called to him these three fragments were found lying on the ground, and were subsequently preserved at the Museum of the Medical College of Charleston, S. C. The free ends of the intestines dangled out of the small aperture in the abdominal parietes, and only required to be cut off smoothly and

brought together to effect the continuity of the canal. After putting in seven points of the interrupted suture of silver wire, which left the edges nicely fitted together by twisting their ends, while the point of juncture was held firmly by forceps, and then cutting off the wires, the union of the margins was accurately preserved. It was observed that when the suture was completed and the intestine released, it was contracted into a cord-like form at the circle of approximation, and continued in this state until the bowel was returned to the abdomen. "After his death from another cause, some years subsequently," writes Dr. Gaston, "I was told by Dr. Chazal, of Charleston, that he made a most-mortem examination of the case, remarking that the wire had disappeared through the intestinal canal, leaving but slight traces of the site of union."

In ophthalmic surgery South Carolina is proud of her record, for work already accomplished and being accomplished. The representatives of this specialty occupy positions of eminence in their department of work—fully abreast of those of the South.

Ophthalmic Surgery.—Dr. Francis L. Parker, of Charleston, in a case of symblepharon, reports a case of transplantation of the conjunctiva of the rabbit to the human eye successfully—making him the first to do the operation in the State—very few of which have been done anywhere else. He was the pioneer, also, in this State, of suturing into the empty sclerotic a glass-ball, preserving all the motions and retaining the natural appearance of the eye-ball. This is Mule's operation, and has been done by Dr. Parker five times. It is one of the substitutes for enucleation. According to Ashurst, about the time Græfe advocated exenteration in Halle and Mules in Manchester, Prof. Michel, of Charleston, introduced it in America.

In the surgery of the arteries this State can boast of some brilliant achievements of its surgeons. It may not be altogether in good taste to speak of the achievements of the living, but this history would be imperfect if their surgery were not acknowledged. The writer desires not to be ungracious.

In 1860 Dr. Chisolm, while occupying the chair of Professor of Surgery of the Charleston Medical College, ligated the external iliac artery successfully before the class in the Amphitheatre of the College. In 1852-'54 Dr. Middleton Michel removed an enormous elephantiasis of the scrotum, and directly after the war, for the first time and only time in the State, the entire parotid gland, tying the carotid artery on the same side twice. But the supreme achievement of this distinguished surgeon is reserved for mention when speaking of the surgical record of the war.

Operations for cranial fractures have been of frequent occurrence. About 1830-'32 Dr. John Douglas, of South Carolina, trephined successfully five times; Dr. Chisolm and others frequently with good results. These were for fractures for depression. A remarkable case of fracture in a child five months old, with depression sufficient to contain with ease the bowl of a large tablespoon, was relieved by cupping and perfect restitution established. This was reported by Dr. W. S. Moultrie in 1849. The writer performed the operation twice last year (1892)—once for fracture and depression, with complete success, and once

for epilepsy, so far with partial success only. The late war furnished ample opportunities for acquiring and becoming familiar with improved methods of treatment.

The army practice developed certain modes of operating, which in some cases were found preferable to others; for instance, the skin-flap was found to be an improvement on the muscular in amputation of a limb. It developed another important thing—that it was not safe to operate if fever had set in or inflammation supervened; they must be subdued before a capital operation should be performed. In the restoration of useful limbs, resection was much practiced with success. The Confederate War, before it ended, developed some of the best military surgeons the world ever saw, and it can be truthfully said that many of these were from the Palmetto State. We can scarcely be accused of exaggerating the merits of those distinguished men who, in the line of their profession, rose rapidly by promotion, and achieved for themselves well-earned reputations. Prominent among these were Tally, Darby and Taylor, of Columbia; Kinloch, Chisolm, Porcher, Parker, Miles, the Michels and Geddings, of Charleston, and a host of others, whose names are recorded high up in "Fame's immortal roll."

A Columbia paper recorded an unexpected episode which occurred at a meeting of Confederate surgeons assembled at the Capitol in November, 1888, which occasioned the most enthusiastic greeting of surgeon and patient after the lapse of a quarter of a century. This was a case where, after a protracted convalescence from a wound in the chest, the sub-clavian artery suddenly gave way, and, but for the timely skill of Dr. Michel in securing it in its deepest course in close proximity to the heart, the man would have bled to death. Dr. Leaphart brought this patient to meet his surgeon, and this extraordinary case of surgery was exhibited in its successful results to an admiring assembly of veterans of the old army.

Some of the South Carolina surgeons of this century have already made brilliant records, and the record of the modern surgeon, we feel confident, will compare favorably, at least not suffer by comparison, with that of their illustrious predecessors, and that, inspired by the revelations resulting from the teachings of Virchow in the publication of his scientific discovery of cellular pathology in 1858, aided by an intelligent appreciation of aseptic cleanliness, he will eventually be able to enjoy the practice of scientific "ideal surgery."

The tendency of the last decade in South Carolina, as indeed, it is elsewhere, is to the practice of specialties. Day by day it is on the increase. The domain of the general practitioner has been so greatly curtailed that he scarcely dares to apply a simple astringent in a case of infantile ophthalmia; and if his neighbor's wife complains of a "womb trouble," he hesitates to irritate the os uteri with his favorite glycerine and iodine tampon before donning the robe of the gynecologist. So impressed with this despoiling tendency, and so irritated by the gradual inroads made into his territory by this system of invasion on the part of the specialist, that the late Prof. J. Adams Allen was accustomed to facetiously say that his domain of the "practice of medicine had been successively curtailed by the slicing off of a principality for the nervous and mental man of

an arch duchy for the respiratory professor, of a little frog pond for the oculist and aurist, of an auriferous California for the gynecologist, of a drainage district for his genito-urinary friend, etc., etc., until at last he recognized the usurpation of his Alsace-Lorraine in the result of the acquisitive campaign lately executed by the children's man upon the province of scarlet fever and measles. And now," said the despoiled professor, "when they ask what I lecture about, I tell them that muscle holds an impregnable castle in the liver which no one else wants, and occasionally makes ineffectual sallies upon the stomach and intestines." It is the same, way in general surgery. The specialists treat now, to a considerable extent, the surgical diseases of the eye and ear, the nose and throat, the female genital organs, the rectum, and soon it will be the fad to recognize the "brain surgeon," the "spinal cord surgeon" and "bone surgeon," who will rival the claims to distinctiveness set up by the "peritoneal" surgeon. Those who have reached the highest attainments in our State in any of the specialties are those whose training involved that of the general practitioner and much more. We are accustomed to consider surgery as a science requiring assiduous and careful study for a long time—a surgical apprenticeship, so to speak, is demanded, before we can "set up" as a specialist. And yet the converse is true in practice. This is wrong.

The South can produce no more successful abdominal surgeon than Cornelius Kollock, of Cheraw. Without any invidious comparison, he stands head and shoulders above all others in South Carolina to-day, and he fully attests the truth of the statement just made, in that his earlier life has been devoted to general practice and surgery. So it is in ophthalmic surgery, with Drs. Chisolm and Parker in the lead. And so it is in every specialty—the general surgeon will always hold an *independent* place.

SUMMARY OF PIONEER WORK OF SOUTH CAROLINA SURGEONS.

Operation in Ophthalmic Surgery-Dr. Joseph Glover.

Operation in Lithotomy-Dr. Joseph Glover.

Operation of Hysterectomy-Dr. Joseph Glover.

Excision of Spleen-Dr. Joseph Glover.

Ligation of Splenic Artery-Dr. Joseph Glover.

Ligation of Sub-clavian in First Portion-Dr. M. Michel,

Ligation of Carotid and Extirpation of Parotid Gland—Dr. M. Michel. Operation of Incision and Suturing Intestines—Dr. J. McF. Gaston.

Ligation of External Iliac Artery-Dr. J. J. Chisolm.

Use of Animal Ligatures-Dr. W. T. Wragg.

Administration of Ether for Dental Surgery-Dr. Bissell.

Administration of Ether for Operative Surgery-Dr. M. Michel.

Operation of Vesico-vaginal Fistula-Dr. J. M. Sims.

Operation of Extracting Living Child in Extra-uterine Pregnancy-Dr. J. King.

APPENDICITIS: VIEWED FROM A PERSONAL STANDPOINT.

By J. W. Long, M.D., Randleman, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

I have not attempted to write an exhaustive paper on this important subject, Dr. Galloway, a distinguished Fellow of this Society, read at our Asheville meeting, two years ago, a most excellent paper on Appendicitis, discussing many of the essential points regarding this disease, and bringing the subject well up to date. It is to be feared, however, that the views expressed by Dr. Galloway. while receiving hearty endorsement in the discussion which followed, have not met with that general acceptance, nor have they been put to the practical test, which the importance of the subject and the sacredness of human life demand. Certainly, a large number of physicians and surgeons throughout the State are wide-awake to the necessities of these cases, but the average practitioner is much more concerned about "worms," "biliousness," "liver complaint," "the colic," and other charitable mantles for ignorance. This should not be, when we remember that North Carolina presents as fine an array of professional talent as any State in the Union. Again, it has been demonstrated by post-mortem that one-third of the human family have had, at some time in their lives, this particular form of inflammation, yet I know physicians of ability and reputation who have practiced medicine more than a score of years without ever seeing (?) a case of appendicitis.

It is for the express purpose of calling anew the attention of the profession to this subject that I venture before you to-day. Furthermore, I shall discuss this question largely from the standpoint of my own experience and my own convictions. I do this, first, because my hearers are probably more conversant than I am with the current literature of the subject—with all its excellent papers by Treves, McBurney, Stimsen, McMurtry, Morris and others; second, because the most valuable lessons to any man are his own experiences; third, because I see gentlemen here with vastly more experience than I have in dealing with appendicitis, and I hope to provoke them to discuss this subject; and lastly, because it is hard to discuss any question apart from one's own prejudices and convictions.

For all practical purposes we may recognize three forms of appendicitis:

- I. THE CATARRHAL FORM.
- 2. PERFORATION WITH ADHESIONS.
- 3. PERFORATION WITHOUT ADHESIONS.

I confess that, pathologically, this classification is perhaps not the best, and that clinically these various forms are often indistinguishable. Again, a case which may present all the symptoms of a mild catarrhal case, may suddenly assume that most fearful of all forms—perforation without adhesions. So true is this that, while a classification of this sort is perfectly justifiable for the purposes of discussion or study, yet I doubt if any one can stand by a given case in its incipiency and say whether or not perforation will take place.

I. THE CATARRHAL FORM.

We will consider first the catarrhal form. In this variety the inflammation begins in the mucous or inner coat, expending its energies there, and sometimes involving the muscular and peritoneal layers, but with no signs of an ulcerative process. In this condition the opening of the appendix into the excum remains patulous, so that no fluids or foreign bodies are imprisoned within the narrow confines of the cavity of the appendix, the case goes on, usually, to rapid recovery. This is the class of cases that get well under any form of medical treatment, and these cases are often quoted to the diparagement of surgery.

The following case will illustrate this form:

Case 1.—C. C. R., a young man of 22 years ate a quantity of chestnuts on November 4th, 1890. The next day he visited a neighboring town, and while there was taken with cramps in the stomach. A physician prescribed some simple remedy which gave temporary relief. Returning home that night, I saw him about 10 o'clock. He complained of cramps and pains in his stomach, but not in his bowels. Examination of the abdomen did not discover tenderness anywhere except in the gastric region. He was nauseated and vomiting some. He was given a full dose of ipecac and warm water, which emptied his stomach, after which he was quieted with a hypodermic of morphine. The next day his stomach was easy, but he complained of soreness in the ileo-cæcal region. Tenderness was well-marked one inch below the classical McBurney's point. It is to be remembered that Dr. McBurney himself says the tender-spot, while usually on a line from the antero-superior process of the ileum to the umbilicus and two inches from the spinous process, yet it may be above or below this point. This is accounted for by the fact that no organ in the abdomen is so variable in its position as the appendix. At this time no tumor could be felt, but slight dulness was observed. The patient could straighten his right leg, but felt easier with it drawn up. The third day his temperature touched 103°, pulse 112. The fourth day the symptoms were about the same, except that a small tumor could be felt at the site of the appendix, and his temperature reached only 102°. The treatment was small doses of salts, anemas, opiates and hot fomentations. By the fifth day the young man was perceptibly better, although the tumor could still be felt.

On the sixth day the tumor was less and all the symptoms giving way. From this time his recovery was uninterrupted. He has had no return of the attack.

The difficulty in these cases is to tell, with any degree of certainty, whether or not perforation is present or threatened. I am governed largely by the severity of the symptoms and their tendency to increase. At the same time I am conscious of the fact that these are not always safe guides. Some of the cases embodied in this paper show that those very cases which start out as, and apparently are, mild catarrhal cases, suddenly assume alarming and even fatal symptoms. At the same time I cannot bring, or at least have not brought, myself to believe that we should operate every time and wherever we diagnose appendicitis. In saying this I know that I lay myself open to the aspersion of being behind

the times, for I have heard scores of eminent surgeons say: "Operate as soon as you diagnose appendicitis." But as far as my own little practice is concerned, I reserve for myself the right to use some discretion in selecting a case for operation, therefore I operate only when I am convinced there is urgent necessity for an operation. The man who heedlessly opens the abdominal cavity for any purpose, especially in the absence of the most approved facilities for perfecting the technique of the operation, ought to take an hour or two alone with his conscience once in a while.

2. PERFORATION WITH ADHESIONS.

This constitutes the next largest class of cases. Fortunately, the peritoneum is flighly endowed with the property of taking on adhesive inflammation on slight provocation. So that an ulcer starting in the mucous, or inner, coat of the appendix and advancing slowly through the muscular layer towards the peritoneal layer, excites an inflammation in the adjacent layers of the peritoneum, which, becoming adherent, protects the general peritoneal cavity from the intestinal contents which are poured out through the perforation in the appendlx, as well as from the infectious micro-cocci contained in the inflammatory products. This is certainly a wise provision of Nature, and thereby thousands of lives are saved annually. Were it not true, perhaps 500 or 1,000 people would die of appendicitis every week, against the 100 who are believed to die weekly from this dread disease. These are the cases of so-called "perityphlitic abscesses," so much written about a decade ago.

Case 2.—I was asked to see Mr. P's little boy, 7 years old, who had been in bed with colic and soreness in his bowels for three or four days. I found him lying on his back with the right leg strongly flexed and a small, tender tumor at McBurney's point. There was a slight rise of temperature.

Being called from home, I did not see the child again for five days, when I discovered the symptoms all exaggerated, with slight tympany and a distended bladder, each act of urinating giving him great pain. I immediately decided on an operation, and called in Drs Woollen and Fox, who, with some kind neighbors, gave great assistance. An incision was made directly over the tumor, and an abscess containing one or two gills of pus opened. The cavity was thoroughly flushed with warm water, and drainage established by means of a glass drain and iodoform gauze. The adhesions were not disturbed.

This little fellow's recovery was uneventful, except that his water had to be drawn for several days.

As stated, these adhesions are the safeguards which Nature has thrown out to protect the peritoneum from infection; but unfortunately, these are so delicate that they are broken down and the infectious contents of the abscess escape into the general peritoneal cavity, causing a suppurative septic peritonitis. Sometimes at operations we find these adhesions so delicate that the slightest touch breaks them down. A recent case will illustrate this point:

Case 3.—Miss L. G., aged 24, usually a vigorous young lady, but for the past two years has suffered with "colic" at each period. About the last of June

(1892) she had, not at the time of a period, a severe spell of colic and cramping in the stomach and bowels, which subsided under the use of some domestic remedy.

On the evening of July 12th (1892) she ate some peanuts. Next morning (Wednesday) she awoke with colic. However, she got up and went about her usual work, but at noon was compelled to take her bed. Her mother gave her a dose of Simmons' Liver Regulator, which moved her bowels in the early part of the night three or four times. She still suffered with the colic and complained of her right leg hurting her when she got out and in bed to the commode. In the night she took an opiate without relief.

Thursday she was no better. Dr. Woollen saw her and prescribed opiates and calomel in small doses. At this time she had fever and a frequent pulse and a ghastly pallor. On this evening Dr. Woollen discovered a tender place in the right side of her abdomen. He ordered mustard applied locally.

Friday the symptoms were about the same, except, perhaps, the tender spot was more pronounced. I saw her this p.m. McBurney's point was well-marked, slight tympany was present, and a tumor was discovered at the site of the appendix. I advised an operation if she was no better by Saturday. Saturday brought no relief. Dr. W. A. Fox was added to the consultation, and he confirmed the diagnosis and the advisability of an operation. By Sunday we had gotten everybody's consent to an operation, and we were ready to operate, but were unavoidably delayed till the next day.

Under ether, and with full antiseptic precautions, an incision was made parallel with the crest of the ileum and over the prominence of the tumor. The parietal peritoneum was found thickened and inflamed. This membrane was lifted with the dissecting forceps and carefully divided with the scissors, when an abscess containing three gills of pus and detritus was opened. After washing out the abscess cavity, the gangrenous appendix was seen lying at the bottom of the cavity. On the other side of the appendix, near its base, was seen a perforation with what proved to be an apple-seed half protruding. In attempting to ligate the appendix, the ligature cut through, and still has the distal portion hanging to it, as you will observe as the specimen is passed around; you will also notice the apple-pip and two small enteroliths found in the appendix.

While quietly searching for all the little nooks and pockets of pus, the finger broke through the adhesions towards the median line, entering the general peritoneal cavity. The adhesions at this point were so frail that, had the patient turned suddenly in bed, or had a single hard sneeze, they might have ruptured, and thereby turned these three gills of putrid, infectious pus into the general peritoneal cavity, adding another to the already long list of fatalities from appendicitis. This young ladys' cavity was flushed with warm sterilized water, the abscess cavity carefully packed with iodoform gauze around a glass drainage-tube, an antiseptic bandage applied and the patient put to bed—all before she realized what had been done. Her recovery was uneventful. She has since married and is, I trust, very happy.

I have long since ceased to dread opening the general peritoneal cavity in

these cases, I believe, with Dr. Morris, that it is best to break down the adhesions and do a careful toilet of the peritoneum.

Another important reason why the adhesions should be broken down and all pockets of infectious matter thoroughly removed, is that in these cases it often happens that there is *more than one pus cavity*, either when we operate, or formed directly afterwards. This has occurred twice in my practice.

Case 4—F. I., a young man of 17 years, ate heartily of scuppernong grapes, swallowing the seed with the pulp. This was on Wednesday afternoon. Next morning he awoke with cramping in his stomach and bowels, especially around the umbilicus. The pains lasted all day Thursday. In the evening he took a dose of some soothing liniment. Friday he was no better, and had to go to bed at noon. Dr. W. C. Fox was called and gave morphine hypodermically and prescribed a colic mixture. Saturday found the patient about the same, and Dr. Woollen was asked to see him. At 8 p. m. he was taken much worse, and I was asked to join the consultation. He was suffering extremely with pains in the abdomen and great tenderness in the ileo-cacal region. McBurney's point was well-marked. Slight circumscribed dulness was observed at this point, but no tumor could be discovered. The muscles of the whole right side of the abdomen were as hard and rigid as stiff card-board, while those of the left side were comparatively soft and yielding. His temperature was 1033° and pulse 120. Appendicitis was diagnosed, the situation explained to the patient and family, and an operation proposed for the next day, which was readily assented to. We gave him enough morphia hypodermically to keep him comfortable through the night. The next day (Sunday) the patient seemed a little better, the temperature touching only 103°. The operation was therefore deferred a day. By the following day (Monday) he was improving perceptibly, the temperature reaching only 102.5°, tenderness less, abdominal pains less, although at this time a small tumor could be felt in the ileo-cæcal region.

Tuesday found him still better, fever less, etc. By this time the idea of an operation was about abandoned. On Wednesday and Thursday morning I was detained in the country on a surgical case, and did not see this young man again till Thursday afternoon, when I found him much worse, and a decided tumor present. His temperature was only 100°, but his pulse was 120 and not very strong, pains in his bowels, also great pain in bladder when attempting to pass his water. An operation was at once decided upon, to be done immediately. Under full antiseptic precautions an incision was made over the tumor and parallel with the crest of the ileum. Cutting down carefully, a large abscess cavity containing a pint of pus was opened. The cavity was thoroughly irrigated with sterilized water and the appendix looked for, but could not be found. The adhesions were not disturbed. A glass drainage-tube was inserted and the space about it lightly packed with iodoform gauze. The patient, on regaining consciousness, expressed himself as feeling much better.

The only incident during the operation worthy of mention is that, under ether, the breathing stopped suddenly and completely; this occurred several times, but fortunately, was easily started again by withdrawing the ether and employing

artificial respiration. A change to chloroform gave better results. The next day (Friday) the dressings were found saturated, and were changed, as they were every day thereafter. The patient was much better in every way. For several days after this convalescence seemed to be progressing satisfactorily, except that he still complained of some pain in his bowels, and after a few days a great deal of pain over the bladder when trying to evacuate his urine. On Monday he began to complain of frequent painful desire to go to stool. This latter symptom increased in frequency and severity till Wednesday, when a large quantity of foul-smelling pus was passed per anum. This gave great relief. However, by the next day, we felt that our patient was not doing well, therefore we proceeded first by passing a small exploring needle through the former incision in the direction of the secondary abscess. Withdrawing the needle, a small quantity of pus was seen. This determined us to do another operation, which was done with all the antiseptic precautions employed in the former operation. Enlarging the first opening with the scissors, the fingers were introduced, and, while feeling around carefully to discover the presence of the pus sac, the adhesions broke down and my fingers passed into the general peritoneal cavity. Thinking that a fellow might as well be hung for stealing a sheep as a lamb, I proceeded boldly to break down all the adhesions and thoroughly flush out the abdominal cavity. Two glass drains were inserted, the larger one so arranged as to drain the pelvic cavity, and the tubes surrounded with gauze. From this time the history of the case was uneventful, the young man getting out by the end by the fourth week. However, after several months, a ventral hernia appeared at the site of the incision; this we proposed to relieve by operation.

The interesting points about this case are: (1) The patient ate grapes one afternoon. (2) The next morning had colic, which gradually increased in severity till the evening of the third day, when (3) Perforation took place, followed at once by great pain, exquisite tenderness and rigidity of muscles on right side of abdomen. These symptoms were of course due to the intestinal contents passing into the peritoneal cavity. Fortunately (4) Adhesions had been thrown out in advance, and they protected the greater part of the peritoneum from infection These adhesions may aptly be compared to the mud dams boys sometimes build to head off, or stop the flow of, a little spring branch; but, like the little spring branch, which, after a time, gains in volume and head and sweeps away the boy's little mud dam, the time comes in many of these cases when the escaped intestinal contents and putrid pus refuse to be confined longer by the frail peritoneal adhesions, thrown out by Nature to save the peritoneum and give the surgeon time to make up his mind to operate; and, bursting the narrow and uncertain confines of their abscess-prison walls, sweep into the general peritoneal cavity, quickly setting up a septic purulent peritonitis; and the scene is ended by the horrible death of the patient, while the doctor sits round and wishes he had operated "before it was too late"!

In the case just given, I confess that I should have operated when I first saw the patient, immediately after perforation took place; I probably should not have waited till morning; but I hesitated, the patient, under the use of morphine and soothing applications grew quiet, his temperature daily became less, and doctors and family were lulled into a false sense of security which came well-nigh proving fatal to the young man. I do not believe in operating in every case of appendicitis (not by a long jump), but I do believe that when we have any clear evidence of perforation, present or impending, we should operate at once!

The special reason for citing this case is to call your attention to (5) the secondary abscess. I am not sure whether it was present and overlooked at the first operation, or whether it formed soon afterwards. Certain it is that the second abscess was almost, if not quite, as serious as the first. Had the adhesions been broken down at first, as in the case of L. G. (ante) I do not believe there would have been another abscess. Therefore I shall after this break down the adhesions and do a careful toilet of the peritoneum.

Still another feature of this case is (6) the ventral hernia which followed several months later. This has happened in three of my cases, but must be considered a comparatively trivial matter when compared with the urgent necessity for saving life at the time of the operation. Again, hernia may in most instances be avoided by an improved manner of closing the incision; besides, if hernia does occur, it can afterwards be remedied by operation.

3. PERFORATION WITHOUT ADHESIONS.

The third and last class of cases to which I shall ask your kind attention we have called perforation without adhesions. These are the most desperate and rapidly fatal cases we see, and invariably die without an carly operation. I can best illustrate this variety by giving a case which came under my observation and occurred in the person of one of our most reputable Randolph county physicians.

Case 4. Dr. S. C. was 37 years old and of stout physique. Within the two years preceding his fatal attack he had had two spells of what he supposed was nephritic colic, or, more properly, the passing of a calculus along the ureter. These attacks were both on the right side, each lasted him several days and caused him much suffering.

On Monday night he went to bed in usual health. Tuesday he had two rather loose motions from the bowels before breakfast. However, he felt no further inconvenience, and after breakfast went back on horseback, riding 16 miles through the day. That evening he felt some uneasiness about the bowels and took three compound cathartic pills. Wednesday his bowels moved freely, and he felt pretty well, but laid around the house all day, not going to his office. That night he took calomel (grs. ix) in three portions. Thursday morning he had a severe pain in his bowels. Pretty soon his bowels moved twice, the motions being natural in color and consistency. Directly after this he was seized with an intense, agonizing pain in the ileo-cæcal region, requiring three-fourths of a grain of morphine hypodermically before the pain became at all tolerable. A telegram was sent for Dr. W. A. Woollen, who reached him about noon, and found him still suffering greatly. Dr. C. thought he was having another attack of nephritic colic. (?) He suffered extremely all that evening and night. Friday

Drs. A. J. Patterson and J. K. Stockard saw the case with Dr. Woollen. At this time the patient was growing rapidly worse, and showed marked signs of failing. In the afternoon a dispatch was sent asking me to join the consultation, but the wires being down, I did not receive it. That night a messenger was sent through the country fifteen miles to my house. I started at mid-night and rode till nearly day, only to find the patient dying. A consultation was held, and I carnestly pleaded for an autopsy. Through the influence of Drs. Patterson and Woollen the autopsy was granted. Although the patient was moribund all night, he did not breathe his last till 3 p. m. Saturday.

Autopsy.—An incision was made over cacal region. When the peritoneal cavity was opened a half-gallon of factid pus poured out through the opening, and the dose of castor-oil given the day before came floating out on top, showing conclusively that the bowel was perforated. The appendix was found gangrenous, standing out stiff like an icicle, and broke off at the slightest touch. The greater part of the peritoneum was involved, the colon being adherent throughout nearly its whole length. The bladder was empty, nor could any stone be found in the ureter.

This was a sad case—to see a stout, vigorous man cut down in the prime of life and in the midst of life's duties—stricken down as suddenly, and as surely fatally, as though shot through the abdomen. But the saddest part of it is that his is not an isolated case.

This man evidently had at first a mild case of catarrhal appendicitis, beginning on Tuesday morning, or, possibly, the night before. An operation on this day would certainly have saved his life. How many of my audience would have agreed to an operation at this time? On Wednesday the catarrhal process continued and possibly ulceration was going on, but evidently the peritoneum had not been involved. On this day (Wednesday) an operation could easily have relieved him. Thursday morning perforation took place and the intestinal contents poured into the peritoneal cavity. It was then he was seized with the intense, agonizing pain that never stopped till he died. Even on this day a bold operation could have saved his life by amputating the appendix, suturing up the intestinal opening, flushing out the peritoneal cavity and establishing drainage. On Friday an operation would have been worse than useless—on Saturday he was dying. Gentlemen, the watchword in these cases is—operate at once!

Now, as to this question as to when we should operate: It has already been clearly stated that the catarrhal cases, when mild and rapidly subsiding, do not require an operation; on the other hand, a case with perforation with or without adhesion, should certainly be operated on. I want to state, in justification of my urging an operation, that every case I have operated on has given at the operation ample proof of the necessity of the operation, and I have never operated but that I did not regret that I had not operated sooner. I want to say further, that all of my operative cases have recovered. Therefore I do not hesitate to say we ought always to operate as soon as we have any clear evidence of perforation, either present or threatened. After perforation occurs, delays are dangerous and

invite annoying and dangerous complications, even though there be limiting adhesions,

Case 5. This case will show some of these complications. D. L., aged 46, while at work as a dve-house hand felt some cramps and pains in his bowels. He continued at work for two or three days, when he was forced to go to bed. Dr. Fox was called in and diagnosed appendicitis. Next day he introduced an aspirating needle and withdrew some pus. The man remained about the same for three or four days, when I was asked to see him with Dr. Fox, While considering an operation a peculiar form of what proved to be iodism asserted itself. The Doctor had given about 30 or 40 grs. potassii iodii the day before. The man's whole face and neck became during one night, not ædomatous exactly, but covered with bladders of serum. He looked like he would die. In the presence of this we postponed an operation. The iodism rapidly subsided, but the bowel trouble continued. About ten days later we operated. In the meantime, moreover, Dr. Fox had introduced the exploring needle ten or twelve times, sometimes getting pus, sometimes failing. The head of the colon was found firmly adherent to the anterior abdominal wall, and it was only with great care that I avoided cutting into the cæcum. There were such universal adhesions that the abscess cavity was reached only by dissecting around and beneath the colon, when a pint of fætid pus was evacuated. The mass of adhesions was not broken down, as should have been done, nor was the appendix found. The abscess was drained by a glass tube in the upper corner of the wound, the rest of the incision being brought together by sutures. Drainage by a counter operation made through the lumbar region was also established.

This man progressed finely for several days, when he began to complain of pain in making water. This continued for two or three days, when pus commencea to pass with his urine. The pus had evidently burrowed through into his bladder. Pus continued to pass with his urine for a week, then subsided, only to occur again later.

Another complication in this case was what we took to be a *metastatic abscess*. Suddenly he began to complain of the *calf of his left leg*, which in a *few hours* swelled several inches larger than that of his right leg, and became so painful he could not bear it touched. All these things militated against the patient and he came near losing his life, even after an operation. Certainly this man ought to have been operated on as soon as the diagnosis was made, even though he did not appear to be bad off, and thereby have saved him all the dangerous complications which arose during the progress of his case.

Recurrent Appendicitis.—Recurring attacks are believed to be a strong indication for operation, and I believe this to be good doctrine, but I have a unique case in this respect. A gentleman in my community has had at least twenty well-marked attacks as evidently appendicitis as any I ever operated on, and he said to me repeatedly: "Doctor, operate whenever you think it ought to be done." I did not operate, and for three years he has had no attack. His mother suffered in the same way repeatedly for years, with a final cessation of the

attacks. Mr. Osler says, however, that the tendency is to recur, and that 40 per cent. of the cases we see have had a previous attack.

DISCUSSION.

Dr. Booth alluded to the discussion on this subject before the Society at Asheville, and reported the case of a little girl with a well-marked case of appendicitis, who recovered under medicinal treatment. He thought doctors did not know enough about the appendix, and that it was a more useful organ than it was generally given credit for being. He spoke of its anatomical formation, being supplied with longitudinal and circular muscles, and very richly supplied with glands and sympathetic nerves, and held that its function was to supply mucus for the lubrication of the fæces in the colon. He had never seen a case of appendicitis recover without the patient having thereafter chronic constipation, and attributed the fact to the damaged condition of this "automatic oiler." He advocates locking up the bowels by the use of opium in cases of appendicitis, claiming it to act as a splint. Keep the bowel quiet with opium and let the foreign body become encysted, and the patient will generally get well.

Dr. H. W. Lewis congratulated the author upon his paper and his excellent results from the treatment of his cases. He alluded to the claim of pathologists that post-mortem examinations showed that about one-third of all adults had suffered at some time in their lives from inflammation of the appendix. He thought the number of cases recovering under medicinal treatment would make a better show than the 15 per cent. under operative treatment. He has had some experience with appendicitis, but has never operated and has no death to his credit. It is difficult to decide just where the physician's services should cease and the surgeon's begin. He does not believe in purging the patient. He thought purgatives added fuel to the flame. He would make him easy with opium, move his bowels systematically, apply ice-bags over the ileo-cæcal region, and watch closely for dangerous symptoms. He did not think the mere recurrence of the disease an indication for operation, but there should be dangerous symptoms; and if operation is to be done, do it during an attack and not in the intervals. This is a classical operation, and every physician should be qualified to perform it when the symptoms demand. It is the duty of the surgeon in every disease to give Nature a chance to relieve.

Dr. Whitehead called attention to the importance of inverting the end of the stump after amputation of the appendix, so as to bring the serous surfaces into contact.

Dr. Chambers had listened with much satisfaction to the discussion. He had heard the same discussion many times of late years. In discussions that last as long as one hour the subject of appendicitis is very apt to be brought up. He thought when the cases are first seen they are medical, but it is well to have some surgeon that can be called upon in case of necessity. His belief is that a very large number of cases are catarrhal, and if so, there is no more reason for surgical interference than in catarrhal inflammation in any part of the alimentary canal. The trouble is it may become surgical. There is no doubt a large num-

ber of cases recover without operation, and very many die after operation. acute perforating cases without adhesions are almost sure to prove fatal. The most important thing to do is to make a thorough diagnosis, and then it will be plain enough to decide as to the treatment, whether it should be medical or surgical. To make his position in regard to the nature of the disease perfectly plain, if he were suffering from an attack he would want to be placed in the hands of a physician who knew something more than the knife. No set rules can be laid down in these cases, as no two of them are exactly alike. In regard to the operation, he prefers the median line as the site for the incision. He does not think the disease is more common in men than in women; in fact, the very conditions that are claimed as causes of the disease—constipation and sedentary habits-are more common in women. He thought the mistake is sometimes made in women of taking an attack of appendicitis for a pelvic inflammation. Sometimes it is almost impossible to make the differential diagnosis. As to the cause, he did not think one case in a hundred due to foreign bodies in the appendix, but to concretions of some sort accumulating in that organ.

There are three operations every physician should be qualified to perform, viz: tracheotomy, strangulated hernia and the operation for appendicitis.

Dr. Burke Haywood reported the case of a young lady with undoubted symptoms of appendicitis, on whom he would not operate in the absence of her parents, but who recovered under medical treatment, and has had no return of the trouble. He was ready to operate if the symptoms became urgent. She was put under the influence of morphia and ice-cold applications kept over the ileocæcal region.

Dr. Winslow thought the author had deduced facts to show that the disease is not always surgical. He has had considerable experience with the disease, but has operated on but few cases. He is not, as is well known, inclined to underestimate the value of a surgical procedure, but he does not think the mere presence of appendicitis is in itself an indication for operation. He cited the case of a man who drank a glass of water that had been standing in the pipes of a soda-fountain all night, this bringing on an attack of inflammation of the appendix. In acute perforative cases the operation must be done at once or the patient will surely die. There is no use in operating in a case of general suppurative peritonitis. Do not operate in catarrhal cases. He took exception to the author's course in breaking up the adhesions that separated the pus cavity from the general peritoneal cavity. The finger was then an infected finger, and was very apt to set up a general peritonitis.

Evitome of the Newer Remedies.

A READY-REFERENCE RECORD FOR THE BUSY PHYSICIAN

In order that the general practitioner, without neglecting other important matters, may keep fully informed as to the science and art of modern therapeutics, the Editors purpose tronsider briefly each month, under this caption, the most approved new remedies.

While acknowledging their indebtedness to various writers, their aim will be to omit all elaborate discussion, and to state concisely the bare essentials necessary to an accurate study and correct comprehension of the drugs named, especial attention being given to their therapeutic applications and the modes of their administration.

Upon request of physicians, any new drug that may be specified by them will be con-sidered, or if further private information be desired concerning any one already named, it will be furnished upon application.

Only ethical preparations will be considered.

The following compilation of brief definitions and descriptions is taken from Notes on New Remedies and Notes on New Pharmaceutical Products, and is interesting as bringing together in terse comparison the whole list of analogous new remedies of the Hypnotic Class.

Paraldehyde (Syn., Elaldehyde) .- A clear, colorless liquid, with an unpleasant odor and a burning taste; soluble in about 10 parts of water, and more readily in alcohol or ether. It forms a good hypnotic, without depressing the action of the heart, and is consequently indicated where chloral is included. Dose. 20 to 60 minims; best given with some bitter tincture, or in a mucilaginous emulsion. Elixirs of paraldehyde are a very popular form in this country; the following is a good formula: Chloroform, 24 minims; oil cinnamon, 10 minims; Paraldehyde, 4 drams; oil sweet almond, sufficient to make 2 ounces. This forms a clear solution and is of agreeable taste.

Somnal.—An alcoholic solution of chloral and urethane; occurs as a clear liquid, and gives a burning taste in the mouth. Dose, 15 to 30 minims, in alcoholic solution, wine or beer. It produces sleep in about 30 minutes, and has been extensively used and praised for its good effect. It is, however, an ordinary proprietary mixture, not a definite chemical compound, and as this knowledge has spread it has lost caste and is falling into disuse.

Sulphonal (Syn., Diethylsulphondimethyl-methane).—Occurs in colorless, prismatic crystals, odorless and tasteless (because insoluble); soluble in about 15 parts of boiling water and in about 500 parts cold water, but more soluble in alcohol. It is slow in producing sleep, due to its insolubility, and it sometimes fails altogether, because eliminated from the system before dissolved. Care should be taken to get a good formula for prescribing, so as to insure solution; and it is advisable to administer warm-in tea or similar vehicle. Dose, 15 to 60 grs.

Amylenhdrate (Syn. Dimethyl-ethylcarbinol) .- A colorless, heavy liquid, soluble in 10 parts of water, and readily in alcohol. It is better thought of and more used in Europe than in this country; it is said to rank between chloral and paraldehyde in hypnotic effect, being less dangerous than chloral, and less offensive to take than paraldehyde. Dose, 30 to 60 minims; best administered in capsules, or in wine or beer. It is also used for whooping-cough, the dose for children being three to five drops in water with a little raspberry syrup.

Chloralamide (Syn., Chloral-forma-mide).—Occurs in small crystals, colorless and odorless; soluble in 20 parts water and in 1½ parts alcohol; tastes mildly bitter or salty. Produces sleep in 20 to 40 minutes, lasting 6 to 9 hours; is free from evil side or after-effects, and does not have cumulative effect or cause a habit. Dose, 20 to 60 grains; best administered in solution (30 grains dissolved in 2 drs. tr. cardamom comp., and 1 dr. each syrups orange and raspberry added); must not be heated, or will decompose.

Chloralimide,—Prepared through the action of heat on chloral-ammonium; occurs in colorless and tasteless needles; very stable—not affected by moisture, light or heat; is slightly soluble in water, more in alcohol, readily in ether. Was introduced as a substitute for chloral, and has been urged as a substitute for chloralamide, but has not justified either claim, and is practically discarded now. Also acts as an antipyretic in small doses, 4 to 6 grains; as a hypnotic was recommended in 5 to 30 grain doses.

Croton-Chloral (Syn., Butyl chloral). Occurs in white, lustrous scales; soluble in about 50 parts of water, but readily in alcohol. Recommended as especially useful in neuralgias. Dose, 2 to 15 grs.; best given in divided doses of 2 or 3 grains in pills or capsules, or made into a syrup, 15 grains to the ounce.

Hypnal.—A compound of chloral and antipyrine, in the proportion of 47 parts of the former to 53 of the latter. Can be prepared readily without chemical process, by mechanical mixture. Occurs in rhombic crystals, is readily soluble in water, and exerts good hypnotic effect—although it is not free from harmful side and after-manifestations.

Dose, 15 grains average, in aqueous mixture, with some tincture and a flavoring syrup. Very little used.

Hypnone (Syn., Acctophenone, Phenylmethylketone).—Occurs as a colorless, oily liquid, with a bitter almond odor and strong taste. Introduced principally on the recommendation of Dujardin-Beaumetz: has done good service, but has so many untoward characteristics, and is often so unreliable that it is very little used. The dose is variously stated as from 1 to 8 minims; it has a caustic effect in the mouth, and must therefore be administered in capsules with oil: in divided doses of I minim it may be taken in mixture with syrup or oil, flavored with peppermint. It is practically insoluble in water,

Thymacetin.—Occurs in white powder form; slightly soluble in water. A derivative of thymol, said to have analgesic and hypnotic effects. Dose, 4 to 15 grains.

Trional.—A derivative of sulphonal; occurs in lustrous scales, has a bitter taste, is readily soluble in alcohol and ether, but requires 320 parts of water for solution. Dose, 10 to 20 grains, up to 60 grains per day. Not much used, having no advantage over sulphonal.

Urethane (Syn., *Ethyl-urethane*).—Occurs in colorless crystals, odorless, with a nitre-like taste; readily soluble in water, alcohol, chloroform, glycerin, etc. Has yielded good results, and is widely used; it is a chief ingredient in numerous proprietary specialties advertised in medical journals. Dose, 15 to 45 grains, in aqueous solutions; also used subcutaneously, in doses of 4 grains.

[We have hitherto noticed this drug more comprehensively in these pages.]

Practical Protes of Practice.

Bromoform, in 1-minim doses, three or four times daily, is now recommended as the best remedy in Pertussis.

Bicarbonate of Soda, by recent experiments, has been proved to be, in all doses, a great excitant to gastric secretion. The most powerful effects have been produced by 75-grain doses, administered one-hour before meals. The action is prolonged beyond the day of administration.

In Morphine Poisoning, tincture of capsicum, in ounce doses, has been used with success. It is used undiluted in enemata and repeated as often as necessary. Stretching of the sphincter ani by means of the bivalve speculum as often as respiration flags, has also been practiced.

Pieric Acid is now used in some of the hospitals as a local application in the treatment of epithelioma. Dr. Quinquad, of the St. Louis Hospital, recommends it very highly.

Ulcer of Stomach.—To combat the nausea and vomiting, Dr. Wolff prescribes a pill containing extract of belladonna, gr. $\frac{1}{8}$, and silver nitrate, gr. $\frac{1}{2}$; the latter is said to exercise a curative influence on the ulcerated surface and diminishes or neutralizes the hydrochloric acid present in the stomach.

Ice in Phlegmasia Alba Dolens.—Dr. John A. Miller (Pacific Med. Journal), in treating on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases with uniform and decided success. The procedure was in the following manner: An ordinary

large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort.

Treatment of Stricture of the Female Urethra.-Dr. W. A. Meisels thinks that more attention should be paid to strictures of the urethra in females, as he is certain that numerous cases of vesical neurosis and dysuria and the associated reflex neuralgias. which at present are treated symptomatically, can be cured by urethral treatment. As regards the operative methods of treating urethral strictures in females, he believes that gradual dilatation with sounds (preferably Hegar's sounds) in several sittings, usually brings about the desired result, and that it is rarely necessary to resort to the knife. To prevent recurrences, it is necessary to introduce sounds from time to time, The use of the endoscope for diagnosing the nature of the extent of the urethral lesion is of great advantage.-Journal of Surgery.

The Treatment of Puerperal Eclampsia at the Boston Lyingin-Hospital during the past eight years consisted in using ether at the commencement of the symptoms, as it was

believed to be as safe as chloroform, and chleral hydrate per rectum as a nerve sedative between the attacks. Morphine was not approved. In order to promote the action of the skin, they used the hot bath, hot air bath and pilocarpin (gr. 1-6), guarded by brandy to avoid undue depression. If the skin did not respond promptly, the eliminative action of the bowels was provoked by elaterium or croton oil, aided, if necessary, enemata, milk, brandy, cream of tartar, digitalis and acetate of potash. In severe cases labor was induced and dilatation and version resorted to. The whole number of cases of eclampsia that occurred was thirty-six, of which twenty-seven, or seventy-five per cent. recovered.—Practice.

Diet in Enteric Fever.-From one of our valuable exchanges we obtain the following hints on diet in enteric fever. The writer, Dr. C. M. Ernst, says that milk is no doubt the best food where it suits the patient, and that three, or, at most, four, pints of liquid food is sufficient nourishment for an adult, and that proportionately less should be given to children. Great care is necessary when the patient becomes convalescent, as relapses are so frequent, and, at the same time, so easy. The change in diet is very gradual, at first an increase in the quantity, and then thickening the milk with corn flour or arrowroot; then, after a few days, a lightly boiled egg, then a little bread, then fish, and so on. The temperature should be carefully watched, to detect any rise at once.

A Successful Treatment for Buboes consists in drawing off the pus through as small on opening as possible, washing out thoroughly with a 1 to 1000th bichloride solution, and injecting 10 per cent. iodoform in liquefied vaseline and sealing up hermetically.—Practice.

SELECTED FORMULÆ.

Catarrhal Jaundice.

Dr. N. S. Davis prescribes with success the following:

R.—Hydrarg, chlorid, cor., gr. iv.
Potassii chloridi..... gr. exxviij.
Tinct, hyoscyami.... f \(\frac{7}{5} \) iij.
Tinct, cinchonæ..... f \(\frac{5}{5} \) v.

M. Sig. Teaspoonful four times a day.—Med. Fortnightly.

Sore Throat.

The following is recommended in the treatment of sore throat:

M. Sig. To be diluted with an equal quantity of water, and used alternately as a spray and gargle.—Med. and Surg. Reporter.

For Enlarged Tonsils.

Dr. Moure cauterizes with this:

B.—Trichloracetic acid	gr. iss.
Iodine	gtts. iv.
Iodide potash	grs. viij.
Glycerin	f 3 ii4.
Distilled water	f 3 iiss.

In Cases of Cholera Infantum.

For a child one year old, Dr. W. H. Bricker orders:

B.—Argent. nit	gr. i.
Ac. nitrici dil	
Tr. opii deoderat	M viij.
Mucil. acac	3 ss.
Syr. simplicis	Ess.
Aq. menth. pip	ž i.

Sig. One teaspoonful every three, four or six hours.—Med. Bulletin.

In Cutaneous Diseases

Nothing is better, says A. T. Thompson, to allay itching than the following:

B.—Plumbi acctatis......grs. xvj.

Acidi hydrocyanici diluti... 3 jss.

Spiritus rectificati...... 3 iv.

Aquæ destillatæ...... 3 vijss.

M. Sig. Fiat lotio.

Reviews and Book Motices.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc., etc. Second Edition, Revised, In Two Royal Octavo Volumes. Vol. I., 353 pages: Devoted to Pharmacy, General Pharmacology and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II., 680 pages: An Independent Volume upon Drugs. Volume I., in Cloth, \$2,50 net; Sheep, \$3.25 net. Volume II., in Cloth, \$3.50 net; Sheep, \$4.50 net. Philadelphia: The F. A. Davis Company.

Volume I, is divided into two parts, the first devoted to Pharmacology and General Therapeutics, and the second to Non-Pharmacal Remedies and Expedients employed in medicine but not classed with drugs. In Part I, we find the usual matter pertaining to a work of this nature, a classification of the drugs according to their chemical characters similar to Brunton's, also a classification according to their physiological action; descriptions of the various preparations and processes in pharmacy; poisons and their antidotes, etc. In the section devoted to prescription-writing many useful hints are found which will prove valuable to any who may read them.

In Part II. are considered electrotherapy, kinesitherapy, massage and rest-cure, pneumotherapy, hydrotherapy and balneology, climatotherapy, psychotherapy, metallotherapy and suggestion, or hypnotism, diet in disease, to which are appended various recipes for preparing foods for invalids; mineral springs, effect of heat and cold, light and darkness, music, etc.

The chapter on electricity consumes 82 pages, and the author says this branch of therapeutics is of such importance, both for diagnosis and treatment, that he hopes "there soon will be established a chair of electro therapeutics in every university and medical college in the country." He has treated the subject scientifically and thoroughly, and we commend this chapter to those who credit this agent with no other than psychic effects.

Volume II. is an independent volume and can be purchased separately from Volume I. It begins with Part III. of the work, which is devoted to a consideration of drugs, arranged alphabetically. The drugs made officinal by the United States Pharmacpæia are designated by the letters U. S. A.. The recent issue of the U. S. Pharmacopæia, however, will necessitate many changes on account of the additions and subtractions, and changes of official titles adopted by the Committee on Revision for 1890.

Under each drug is given its various preparations with doses. Each drug is considered with reference to its pharmacology, physiological action, including toxicology and therapy, under which last head the author has introduced many formulæ giving desirable combinations for the administration of the drug.

Dunglison's New Pronouncing Medical Dictionary.—A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fulness of its definitions, ample explanation being its distinguishing characteristic. A review will appear in an early issue,

Road Material and Road Construction in North Carolina. By J. A. Holmes, State Geologist, and WM, CAIN, Civil Engineer.

This is Bulletin No. 4, by the North Carolina Geological Survey, and is a most instructive and interesting report. In it are considered the history of roadmaking and the advantages of good roads in saving of money and promoting the general welfare of the State. The character and distribution of road material in North Carolina, with the public road problem as it concerns our State, are intelligently studied. The report should be read by all citizens of the State and should be carefully studied by all municipal and county officers. Half-tone illustrations, showing the great difference in the amount of work that can be done by a horse on good roads and poor ones, add to the interest of the report.

Lessons in Physical Diagnosis.

By ALFRED L. LOOMIS, M.D., LL.D., Professor of Practice of Medicine and Pathology in the University of the City of New York, Tenth Edition, Revised and Enlarged, New York: William Wood & Co., 1893.

The favor with which this standard work on physical diagnosis has been

received is evidenced by the fact of its having, so soon, reached its tenth edition. Its popularity is well-deserved, too, for Dr. Loomis' painstaking and accurate work are manifested in its pages. In this edition the chapters on "Physiological Action of the Heart" and "Examination of the Urine" have been entirely rewritten, and a new chapter on "Clinical Microscopy" added.

We bespeak for this edition still greater favor than has been accorded its predecessors.

A New Medical Dictionary

Is announced for early publication by Lea Brothers & Co. The author, Dr. Alexander Duane, of New York, is already widely known as the medical expert for Webster's International Dictionary. His new work has been drafted to supply medical students with all desired information concerning the words they will meet in their course of selected most liberally, the work will be of value to practitioners also. The pronunciation of each word is given by a simple and obvious phonetic spelling; then follows the derivation, an unexcelled aid to memory, and finally a full definition. A work of real value is promised, and we shall take an early opportunity of reviewing it in these

Bulletin of the Harvard Medical School Association, No. 4. Published by the Association, Boston,

May, 1893.

As usual with publications from this source, the present number of the Bulletin is a gem of typography, and its table of contents presents much interesting matter to alumni of the school. The continuation of the Bulletin as a regular publication depends

upon the reception it meets among the graduates of the school. This number contains addresses by Dr. D. W. Cheever on The Professional Horizon; by Dr. H. P. Bowditch on The Exhibit of the School at the World's Fair; by Dr. A. L. Mason on Diphtheria and Scarlet Fever at the Boston City Hospital, with papers relating to late methods adopted in teaching Obstetrics, Pathology and Materia Medica and Therapeutics, by members of the Faculty.

Technique D'Electrotherapie. G. Gautier.—J. Larat. Maloine, Editeur: 91, Boulevard Saint Germain, Paris. Prix, 4fr. Tome I., 1893.

This is the first of a series which is intended to keep before the profession the new and important discoveries which are constantly being made in this important branch of therapeutics. The present number is a duodecimo volume of 256 pages, and reviews the history, physiology and therapeutic application of electricity in its various forms. Being lectures by two of the foremost electrotherapeutists of the age, the volume is of great value and interest, and is worthy of better work at the binders' hands.

Gray's Anatomy, New (13th) Edition.

Another edition, the thirteenth, of this standard work is announced for early publication by Messrs. Lea Brothers & Co. It is hardly too much to say that this work has been the most popular of all medical text-books whatever since its appearance in 185 r. Its text has been revised successively by the foremost anatomists of a generation, and the present edition embodies whatever changes were necessary to make it represent its advancing science. The illustrations have always been noted

for their clearness. The constantly increasing demand has justified a reduction in the price of the colored edition, an early review will appear in these columns.

Letters from a Mother to a Mother on the Care of Children's Teeth. By "Mrs. M. W. J." The Wilmington Dental Manufacturing Company, Philadelphia, 1893. Duodecimo, 114 pages; paper.

How much suffering do children have to endure from want of proper care for the teeth! The parents console themselves with the thought that they are "baby teeth" and have to be shed, and they will take more care of the second set. The author gives excellent advice to mothers, which, if read and observed, would give mothers more work, but would save an infinite amount of suffering on the part of the children.

The Operation Blank,

Prepared by Dr. W. W. Keen, Professor of the Principle of Surgery in the Jefferson Medical College, Philadelphia, is put up in blocks containing 50 blanks. It embraces directions for the nurse as to the preparation of patient and room, and also a list of all dressings, medicines and instruments necessary for any operation. The physician only need check off what he wishes and give to nurse and druggist, that he may have everything needed at the operation. Price, 50 cents. W. B. Saunders, Philadelphia.

Messrs. Sharpe & Dohme's New Price-List.

We are in receipt of Messrs, Sharpe & Dohme's new price-list, in which we find many new and interesting items. A copy may be had by any physician who makes application for one.

Correspondence.

THE RECENT ACTION OF THE SOCIETY IN REGARD TO THE ADMISSION OF UNREGISTERED LICENTIATES.

Messrs, Editors North Carolina Medical Journal:

The resolution introduced at the last session of the State Society, asking the Board of Medical Examiners to meet several days before the date set for the convening of the Society in order that the licentiates might join the Society immediately, needs some notice from the Board. In the first place, the law says the Board shall meet at the same time and place as the State Society. This might be obviated by continuing the session of the Board convened before that of the Society over to its date. But there is another and practical difficulty. Among the requirements of persons applying for membership into the Society is the expressed declaration that they shall have complied with the laws of 1880, which made registration the final act necessary to qualify a physician for practice in North Carolina. Now a physician must be a licentiate and register with the clerk of his county in the manner prescribed; and, as the large majority of the licentiates do not live in the county in which the Society is in convention, they cannot register until after they have returned to their respective homes. Evidently, then, it would require a suspension of the laws of the Society to admit these licentiates before registration.

The Board considered the resolution at the summer meeting and the above

was the conclusion that they reached after discussing the matter.

Very respectfully, Geo. GILLETT THOMAS, M.D.

THE WILLIAM F. JENKS MEMORIAL PRIZE,

The third triennial prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on Infant Mortality During Labor, and Its Prevention

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pa., U. S. A., before January 1, 1895, addressed to Horace V. Evans, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be type-written, distinguished by a motto, and accompanied by a scaled envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

> JAMES V. INGHAM, Secretary of the Trustees

NORTH CAROLINA MEDICAL JOURNAL

ROBERT D. JEWETT, M.D., J. ALLISON HODGES, M.D., Editors and Proprietors.

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Editorial.

DISEASE AND MORTALITY IN NORTH CAROLINA

We desire to call attention to some of the items contained in the Bulletin of the North Carolina Board of Health for August, 1803.

In the first place, we congratulate the Secretary on issuing the Bulletin at an earlier date than usual. The fresher such news the more interesting, and if the superintendents would send in their reports as promptly as they can, say by the 5th of the month, there is no reason why the Bulletin should not be issued by the 15th, or earlier.

Another point about this number is that it may well be called the Typhoid Fever Number. Of sixty-two counties reporting for July, forty-four (71 per cent.) report typhoid fever; and of 230 deaths reported from twenty-seven towns, typhoid fever is responsible for 26, or 11 per cent. This leads the Sec-

retary to call upon county superintendents and physicians generally to be more emphatic and persistent in their efforts to teach the people the importance of thoroughly disinfecting the discharges and soiled linen of typhoid

We are pleased to see that the number of towns from which mortuary reports are received have increased to twentyseven, but we still miss Reidsville, Randleman, Winston, Newbern, Greenville and others which should be reported. The aggregate population reported is 132,124 with 230 deaths, representing an annual death-rate of 20.9 (whites 15.0, colored 27.8) per 1,000. The causes of deaths were-unclassified 75, diarrheal diseases 46, typhoid fever 26, consumption 23, heart diseases 20, malarial fever 14, brain diseases 11, neurotic diseases 5, whooping-cough 4, accident and violence 4, diphtheria and pneumonia 1 each. Of these, 89 were in children under 5 years of age.

DEATH OF ASSISTANT SURGEON JOHN W. BRANHAM.

Assistant Surgeon John William Branham, United States Marine-Hospital Service, died of yellow fever at Brunswick, Ga., on August 20th. Dr. Branham was born in Georgia, October 27, 1868, and was commissioned Assistant Surgeon M. H. S. April 19, 1893. He served at New York until July 25, 1803. when he was ordered to Brunswick to assume control of the quarantine at that port, and was taken ill while in the performance of that duty. By his death the Service has lost a young and able officer, one who was held in high esteem both by those under whom he served and by the Bureau.

Only three months after his admission to the Service, this young officer is ordered to go and face the most dangerous foe that man knows—the pestilence. Without a moment's hesitation he goes, nobly performs his duty, and brayely dies in the service of his country.

In case of the death of a medical officer of the army or navy while in the discharge of his duty, Congress has provided a pension for his family. Why is it not so in the case of the Marine Hospital Service also? Surely the heroic deeds of these brave men who face the subtle foe, which threatens year after year our homes and lives, are worthy of recognition at their country's hands, and we trust to see the next Congress take suitable action in the matter.

BOARD OF MEDICAL EXAMINERS OF NORTH CAROLINA.

The Board of Medical Examiners met in extra session at "The Hammocks," Wrightsville, on August 8th, 1893.

Dr. William H. Whitehead, the President, being absent, Dr. Geo. Gillett

Thomas, of Wilmington, was made President pro. tem.. Dr. Geo. H. Long, of Graham, was also absent; and his branch, that of Practice of Medicine, was assigned to Dr. Geo. Gillett Thomas. Surgery was assigned to Dr. L. J. Picôt, who also conducted clinical examinations in bandaging.

Drs. Robert S. Young, of Concord, examiner in Anatomy, H. B. Weaver, of Asheville, examiner in Physiology, Julian M. Baker, of Tarborough, examiner in Obstetrics and Gynæcology, were in attendance.

Upon discussion, it was decided that the Board has no legal right to meet a week in advance of the State Medical Society.

The examinations were oral, written and clinical.

There were 24 applicants, 16 of whom were granted license, as follows:

Drs. J. H. Mease, Canton, N. C.; J. L. Doughton, Sparta, N. C.; J. V. McGougan, Lumber Bridge, N. C.; W. J. Hill, Germanton, N. C.; S. D. Wharton, Greensboro, N. C.; W. A. Dees, Monroe, N. C.; W. J. Jones, Jr., Goldsboro, N. C.; H. L. Lassiter (col.), Seaboard, N. C.; D. S. Rowland, Henderson, N. C.; J. F. McCrocken, Guilford College, N. C.; L. C. Smith, Polkton, N. C.; C. C. Jackson, Plymouth, N. C.; W. L. McCauless, Danbury, N. C.; William P. Swett; Southern Pines, N. C.; Wm. E. Warren, Greenville, N. C.; B. L. Ashworth, Fairview, N. C.

The highest grade was made by Dr. C. C. Jackson, of Plymouth. There were two grades, one of 20 and one of 25. The papers of several of the rejected candidates will be published, probably, in the future numbers of this JOURNAL.

L. J. Рісот, М.D., Secretary.

WM. H. WHITEHEAD, M.D.,

President.

Miscellaneous Items.

Under this head space will be given, free of cost, to those paid-up subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

Dr. D. G. Beckwith, licentiate of the Board of Examiners, Class 1893, has removed from Ascend, N. C., to 311 No. Main Ave., Scranton, Pa.

Dr. J. M. Hays has removed from Oxford to Greensboro, N. C., where he will practice his profession. The Journal's best wishes go with him.

Dr. D. S. Ellis has been unanimously elected by a committee of the board of trustees, physician to Randolph Macon College, at Ashland, Va., and was to have moved there with his family about the 1st of September.

A popular couple were married in New York State recently. The bride had a slight sore throat at the time, but thought nothing of it. The usual salutations were given the bride by her numerous friends. The case developed afterward into a case of diphtheria, and a score of her friends were attacked by the same disease, some suffering very severely.

The Hanbury Medal of the Pharmaceutical Society of Great Britain has been awarded to Jno. M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy, and Permanent Secretary of the American Pharmaceutical Association. This great testimonial to the accomplishments of the honored recipient of the award, will be better understood by American pharmacists when it becomes known that the medal, which is of gold, is

awarded only to men who have attained the highest excellence in the prosecution or promotion of original research in the chemistry and natural history of drugs.— American Druggist.

Are the cases of contagious diseases occurring in the State reported to the superintendents of health, as required by the new health laws of the State? Or do physicians wait until the end of the month, when the superintendent calls upon them?

The Yellow Fever, which appeared last month in Brunswick, Ga., had not assumed an epidemic form at time of last advices. There have been three cases which were apparently entirely independent of each other. Assistant Surgeon Branham died. Harris, a clerk, was taken with the fever and removed to the house Branham had occupied. He died. The third case was a child, which was taken out of the city and isolated. It recovered. Since that time, a period of more than three weeks, no suspicious case has been reported. No further cases have been reported from Pensacola. One case reported at Port Tampa, Fla., on August 30th, has recovered, and there is doubt as to its genuineness. The citizens of London have become alarmed over a fatal case of cholera in the person of a charwoman. The disease, which was epidemic in the Lincolnshire seaport, Grimsby, has been declared Asiatic cholera. A seaman died of cholera aboard a Grimsby steamer in the harbor of Stromness, Scotland.

Reading Motices.

SUMBUL, or musk-root, is an excellent action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism and nervous dyspepsia. The extract is given in the dose of to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals - especially women-with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties and sluggish movement of the bowels. have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination which I have devised is now put up on a large scale by the well-known manufacturing pharmaceutists, Messrs. Wm. R. Warner & Co. Each pill contains:

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Ext. Cascar, Sagradgr.	SS.
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Gingerinegr.	

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"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain, however. Roeinson's Wine Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful assay.

Kennedy's Extract of Pinus Canadensis, which is now made by the Rio Chemical Co., of St. Lous, has long been

known in this country, chiefly from the endorsement it received from the late Dr. Marion Sims, as an efficient astringent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

The Sequelæ of Syphilis.—No therapeutic fact is more generally admitted than that the iodides are a sovereign remedy for the sequelæ of syphilis, especially syphiloma of the nervous system, dependent upon the existence of a gumous or sclero-gummous meningitis, nodes or other structural lesions. These diseased conditions yield promptly to the Elixir Six Iodides, and it is advisable that the Elixir be given for quite a while and in as large doses as the stomach will readily assimilate.

THE modus operandi of Codliver Glvcerine as a digestive is peculiar to itself, and possessed by no other remedy, viz: It extracts the natural peptones from the dormant peptic glands of the stomach, and compels each stomach to digest its own food in the natural manner. This extracting of the peptones (like extracting milk from a cow's udder) stimulates renewed secretion, and in a short time the dormant peptic glands are active and healthy, and your patient is well. Whereas, if you use pepsin, the dormant peptic glands remain dormant, and in time become atrophied and are lost to the economy; besides, it is hard to believe that God, in his wisdom, ever intended that human food should be digested by hog pepsin.-Dr. J. E.

A	SPECIEIC	FOR	Vomiting	IN	Preg-
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with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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(Merchant of Venice.)

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"ESSE QUAM VIDERI."

Official Organ: Medical Society of North Carolina.

Official Organ: South Carolina Medical Association.

ROBERT D. JEWETT, M. D.,

J. ALLISON HODGES, M. D.

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NORTH CAROLINA

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript

REPORT OF SURGICAL CASES IN HOSPITAL AND PRIVATE PRACTICE.

By Manning Simons, M.D., Charleston, S. C.

Read before the South Carolina Medical Association, April, 1893.

Case 1.—Osteosarcoma of the Lower Jaw.

E. S., colored female 9 years of age, native of Edgefield, S. C., was admitted to Hospital November 1st, 1802, in the surgical clinic. The patient had a large tumor of the lower jaw, involving the whole of the right half of the bone and extending beyond the symphysis, almost to the attachment of the masseter muscle. The growth evidently sprung from the bone, and had been of gradual development for two years, until, at the time that she presented herself at the clinic, it had attained the size of a large orange. The cheek on the right side was projected considerably and the lips were pushed forward and stretched until they were thin, apparently to the utmost limit. Between the lips the tumor presented itself to view. The cavity of the mouth seemed to be almost entirely filled by the growth, and the tongue was displaced upward against the roof and well against the cheek of the left side. On examination by the finger, it was found that the tumor extended back into the upper part of the pharynx and its posterior limit could scarcely be reached. The increase in size of the tumor being steady, from day to day, and the condition of the patient being wretched, from difficulty in swallowing, and interference with breathing, it was determined

to give her such chance of relief as could be afforded by an operation for the removal of the growth. This operation involved the removal of the lower jaw from the temporal articulation on the right side to the border of the masseter on the left of the symphysis.

The operation was performed November 4th, 1892. The usual precautions having been taken to insure asepsis, as far as it was possible to attain it, the operation was commenced by a preliminary laryngo-tracheotomy. This was done partly to permit the continuous administration of the anæsthetic without interference with the field of operation, but chiefly to prevent suffocation by the passage of blood into the air-passages. The pharynx was then packed with sponges, to which strings were attached to permit their ready removal. The tongue was secured by a silk ligature passed through it, near the tip, to keep it from falling backwards, when the attachment to the bone was severed. These preliminaries having been accomplished, a pause had to be made to permit the recovery of the regularity of the respiratory movements that were much interfered with by the first inhalations of the anæsthetic through the tracheotomy tube, artificial respiration being necessary for a few minutes to insure it. An incision was made commencing on the right side in front of the ear, over the temporo-maxillary articulation, and carried through the tissues down to the bone, along its ramus and body, to a point corresponding to the anterior border of the masseter muscle of the left side. Another incision, vertical in direction was made, commencing at the middle of the free border of the lower lip and carried downward, until it joined the first incision. With scissors the flaps so marked out were raised to the right and left; the former was carried upward to the point where the first incision was commenced, the latter to its point of termination. The vessels were taken up by the assistant with hemostatics, who followed up the dissection of the flaps. The bone was divided on the left side of the symphysis, partly through with a Hey's saw, and its section completed with the chain saw. bone was then seized with the Lion forceps and the deeper attachments were divided with scissors. The bone was readily disarticulated and removed; very little blood having been lost during the operation. The vessels were tied with catgut. The pterygoid process on the right side having been exposed and projecting into the cavity, was nipped off with the bone forceps, The sponges having been withdrawn from the pharynx, the wound was closed with silk sutures. The tracheotomy tube was removed at the conclusion of the operation, and the effort was made to close the wound in the crico-thyroid membrane with sutures, but the attempt had to be abandoned on account of the depth of the wound from the surface,

The occurrence of emphysema in the tissues in the neighborhood of the tracheotomy wound presented another difficulty, which was overcome by suturing the cutaneous margins to the deeper structures. The tumor, after removal, measured $4\frac{1}{2}$ inches in length, $3\frac{1}{2}$ inches in width and 3 inches in thickness; its weight was 1 pound $\frac{3}{4}$ oz.

It was submitted for examination in the laboratory of the Medical College of the State of South Carolina, and it was pronounced to be an "osteosarcoma" The wound was dressed as usual, with iodoform and bichloride gauze and absorbent cotton. The loop in the tongue was not removed for twenty-four hours after the operation, but was attached with plaster to the neighboring integument to prevent interference with respiration.

There was a good deal of oozing from the extensive wound-surface, and the patient was, for this reason, unable to rest during the night. To control this flow, the cavity was injected with a solution of alum and sulphate of zinc.

November 5th—The patient was unable to swallow at all, and nutririve enemata of milk and yolk of eggs were administered.

November 6th—She took small quantities of fluid by the mouth, but not enough to permit the omission of the enemata.

The wound was dressed; the tracheotomy wound had almost completely healed.

November 8th—Patient was able to take all her nourishment by the mouth in liquid form.

November 10th—Alternate sutures were removed.

November 11th-All the remaining sutures were removed.

November 18th—Fourteenth day; the wound was entirely healed; the mouth could be closed and the lips brought into even apposition. The tongue could be freely used and soft food could be taken without difficulty. The deformity was little to be noted.

November 19th—Discharged.

Case 2.—Supra-pubic Lithotomy.

Julia J., white, aged 10 years, had been suffering from stone in the bladder for six months.

Three years after the trouble first made itself manifest she was brought to me by her parents and the diagnosis clearly established. Operation for the removal of the stone was recommended, but her parents refused to have any operative interference, and from then until February, 1893, they have tried various plans of treatment, suggested by their friends, for the removal of the stone by other means than the knife.

The sufferings of the child having become aggravated from day to day, they again sought my advice after three years delay. At this time the bladder had become very much contracted and so irritable that the calls to pass water were frequent and the effort intensely painful. On examination with a searcher the stone was easily discovered.

On February 1st, 1893, after the usual preparations to insure asepsis, the supra-pubic operation was performed. The effort was made to distend the bladder with four ounces of water previously boiled, but not more than two ounces could be retained. The rectum was distended with a rubber bag inflated. An incision three inches long was made in the middle line, the centre of which corresponded to the upper border of the pubic. The pyramidal muscles were separated and the dissection carried down in search of the bladder through the cellular tissues. It was soon discovered, however, that there was no portion of

the bladder to be found above the pubis, the organ being contracted and out of view. In the search for the bladder the peritoneal cavity was opened and the omentum escaped through the wound. It now became an important question to decide whether the high operation should be abandoned and another method adopted to avoid the risk of opening the bladder into the peritoneal cavity. It was decided to proceed with the operation. The bladder was drawn up from the pelvis into the wound by a tenaculum, opened, and the stone readily removed. The edges of the opening in the bladder were sutured with chromocized catgut to the abdominal wound—the cutaneous surface not being included. The bladder was washed out from the urethra through the abdominal wound, and a tent of iodoform gauze passed into the organ.

On February 4th the strip of gauze was removed. The progress of the case was most favorable, the temperature ranging between 99° and 100°.

On February 8th, the temperature having reached 101°, the bladder was washed out daily with a solution made from Dr. Carl Seiler's antiseptic tablets.

This procedure reduced the temperature to normal in the course of a few days.

On February 25th the wound was completely closed and the patient was discharged cured, March 3d, 1893.

REMARKS.

This case is reported because of the difficulties encountered in an operation now regarded as comparatively simple and as one that is giving good results.

Ordinarily, in cases in which the bladder is not contracted, there is ample room to work without endangering the peritoneum; indeed, this membrane is not often seen in the operation. When the bladder and rectum are empty, the peritoneal fold on the anterior surface of the bladder is a little below the upper edge of the symphysis. When the summit of the bladder is two inches above the pubis and the organ is pressed against the abdominal wall, the reflection of the peritoneum is about $\frac{3}{4}$ of an inch above the symphisis. Distention of the bladder alone will elevate the folds of the peritoneum from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch. Distention of the rectum, although it has no effect upon the reflection of the peritoneum, pushes up the distended bladder against the abdominal wall, and the $\frac{3}{4}$ of an inch of space, uncovered by the peritoneum, may be increased from $1\frac{1}{2}$ to $3\frac{1}{2}$ inches. In the case in hand, all of this was changed by contraction and non-distensibility of the bladder from the long presence of the stone, greatly complicating the operation and converting an extra- into an intra-peritoneal procedure.

The case demonstrates, however, that with strict asepsis a successful result may be attained, even after the opening of the peritoneal cavity.

P. S.—The stone removed was irregularly oval in shape, of a grayish color, and weighed one drachm and a half. Upon chemical examination it was found to be composed of a nucleus of oxylate of lime with a phosphatic crust.

Case 3.—Compound Fracture of the Skull—Operation.

A. N., white, adult, male, Italian, aged 41, was brought into the City Hospital on the morning of December 14th, 1892, from the Ashepoo Mines. He had a contused and lacerated wound on the forehead just above the superciliary ridges, about two inches in length, its centre being above the nasal eminence. He was said to have been struck by a locomotive while walking across the Pon-Pon Bridge early in the morning of the day of admission.

The patient was anæsthetized and examined and a fracture of the skull discovered. The wound was lengthened by an incision extending an inch on either side and the flap turned up. The fracture was found to involve the vertical portion of the frontal bone, and the displaced fragment was driven in and pressing upon the dura-mater. The fragment, about the size of a silver dollar, together with the crista-galli and cribiform plate of the ethmoid being perfectly detached, were removed. A portion of the horizontal plate of the frontal, about the size of a silver quarter of a dollar, being detached from the roof of the orbit, was likewise taken away. The superciliary ridges on both sides were loosened, but as the attachment was thought sufficient to insure their vitality, and as they were not exerting pressure on the parts beneath, they were left in position.

The wound was cleansed, washed with a t to 4000 solution of bichloride of mercury, packed lightly with iodoform gauze and sewed up with silk sutures, space being left at the centre to move and replace the tent. An antiseptical dressing was applied and a bandage adjusted. A simple fracture of the left clavicle about its middle was also discovered and put up after Sayre's method. The patient did well until the 19th, the fifth day after the injury, the temperature having only once reached about 100°. On the 5th, however, he became very restless, complaining of very severe pain in the head, and the temperature at 8 a. m. reached 103°. The wound was examined and dressed, but there was no visible bagging or collection of discharge or pus. The patient gradually sank and died on the 22d, the 8th day.

The post-mortem showed that death resulted from suppurative meningitis—probably septic in its nature.

Case 4.—Head Injury—Trephining.

A white adult, male, was admitted into the City Hospital January 10th, 1893. The patient was sent in with a history of having been struck on the head by a railroad train one week previously. After receiving the injury, he got up and walked home, but then became unconscious and had remained in that condition. The patient was unconscious when admitted; his extremities were cold, respiration slow, pupils dilated, and there was right hemiplegia.

During the night of admission he became collapsed, and it was necessary to give whiskey hypodermatically and to surround him with bottles of hot water. There was no wound of the scalp and the echymosis from the blow was very diffuse in the left side. There were no evidences of fracture of the skull to be

elicited by palpation, and there were present none of the symptoms ordinarily regarded as indicative of fracture of the base. The symptoms of compression of the brain were, however, marked, and the history of the case, his ability to rise and walk after the injury, and the gradual supervention of the insensibility and hemiplegia on the right side, pointed to hemorrhage within the skull as the probable cause. With this theory in view it was determined to make an exploratory trephining with the hope of relieving the pressure. The head having been shaved and the usual precautions taken to insure asepsis, an incision was made following somewhat the direction of the temporal ridge on the left side, terminating about 11 inches in front of the ear. The tissues constituting the flap were reflected, the pericranium raised and the crown of the trephine applied a little in front and below the parietal eminence. A button of bone having been removed, a large quantity of dark blood escaped. This blood had evidently been effused for days between the dura and the skull. The dura bulged up into the opening made by the trephine and was found to be tense when pressed upon with the finger. The dura was now taken up carefully with dissecting forceps and cut through with scissors. As soon as the membrane was opened blood, with small portions of brain substance, escaped. The finger was introduced into the opening and entered a cavity that had been formed by the effusion of blood into the brain substance. The cavity admitted the whole length of the little finger and extended downward and backward, when a limiting wall was distinctly encountered. This cavity having been cleansed of clot and effused blood, was syringed out with a boracic acid solution. A drainage-tube was carried to the bottom of the cavity, held in place by a silk suture passing through the flap, and brought out at the posterior extremity of the incision.

The wound was now closed by means of interrupted silk sutures, the head dressed and the patient put to bed. After the operation the patient became semi-conscious, but there was no material improvement in his condition. The temperature ran up to 101° and the pulse became feeble. The patient gradually sank and died on the 13th of January.

It is a matter of regret that no post-mortem was permitted.

Case 5.—Compound Fracture of the Skull—Operation—Recovery.

S., colored, male, aged 21 years, native of South Carolina, was admitted about 4:30 p. m., on January 28th, 1893, into the City Hospital. The patient was led in by two other negro men, who said that he had just received a blow on the head with a brick-bat. There was a contused and lacerated wound just above the right eyebrow, about two inches in length, extending diagonally across the forehead, towards and almost to the roof of the nose. Already considerable ecchymosis and swelling of the right eye had occurred. Upon further examination, it was found that there was a depressed fracture of the skull. There was some hemorrhage from the nose, but there were no symptoms indicating compression or other injury of the brain. The wound was cleansed and dressed antiseptically, and the patient was put to bed.

On January 29th the patient was anæsthetized, the usual precautions taken to

insure asepsis, and the wound was enlarged to expose the seat of fracture. From the frontal eminence, about $1\frac{1}{2}$ inches to the right of the median line, the fracture extended downward and inward to the nasal eminence, to the supra-orbital arch, down to the ethmoid. By means of the elevator and ronguer forceps the fragments of bone were removed; the portion of the frontal from the frontal eminence to the supra-orbital arch—also a piece of the ethmoid, and with this, a portion of the nasal eminence. Beneath these fragments of bone was a layer of clotted blood, and when this was removed the dura-mater was brought into view uninjured. The cavity was lightly packed with iodoform gauze to control oozing, and the wound was dressed antiseptically.

February 2d—Patient had no rise of temperature; the gauze tent was removed.

February 4th—Sutures removed; there was still some bloody discharge from the nose.

February 9th— Λ small collection of pus was discovered beneath the cicatrized wound and evacuated.

February 16th—The wound was entirely healed and the patient was discharged. No trouble has since been experienced by this patient.

Case 6—Compound Fracture of the Skull—Operation by Trephining— Recovery.

J. D., colored, male, aged 25 years, was admitted into the City Hospital at 7:30 p. m., on February 5th, 1893. He is an hostler, and while attending to his duties received a kick on the right side of the head. The blow lacerated the scalp, severed part of the temporal muscle and fractured the skull. The fracture was situated three inches above the external auditory meatus and two inches posterior to and above the external angular process on the right side. The patient presented no symptom of compression or any interference with the functions of the brain. The wound was dressed antiseptically and he was put to bed.

On February 7th, although no symptoms of compression had developed, the patient was brought into the clinic and it was decided to make an exploratory operation. The patient having been anæsthetized and the usual precautions having been taken to insure asepsis, a semi-circular incision was made around the seat of injury, and the flap so fashioned was reflected downwards. The area of fracture having been thus freely exposed and the pericranium raised, a stellate fracture, with considerable depression of the fragments, was discovered.

The depressed bone was so wedged in its new position that it was found impossible to insinuate the point of an elevator beneath it. A button of bone was therefore removed with the trephine, its edge including the depressed bone. The elevator was then applied and the depressed fragments removed, as they were so much splintered and detached that it was deemed unwise to leave them. The sharp edges and spiculæ were removed with Hoffman's ronguer forceps; the dura-mater was not injured, but was exposed r\(^1\) inch antero-posteriorly and about \(^3\) of an ihch from above downwards. There was considerable bleeding

from the wound. The temporal artery that was cut by the first incision was secured with hæmostatic forceps and tied. The chief bleeding came from a branch of the meningeal artery, and it could be controlled only by plugging with a bit of soft wood. Drainage was provided and the wound closed and dressed antiseptically. Nausea and retching came on, as the patient recovered from the anæsthetic, but was soon relieved by small quantities of hot water.

On February 13th, sixth day, the drainage-tube and stitches were removed, the wound having united without suppuration.

February 16th, ninth day, the patient was discharged, and has had no trouble up to date, April 16th, 1893.

Case 7.—Fracture of the Skull—Paralysis Trephining—Recovery.

S. R., white, aged 15 years, a native and resident of Bamberg, S. C., received a wound from a brick-bat on the right side of the head on the morning of November 23d, 1892.

The missile impinged on an area bounded by the temporal ridge above, the continuation of this ridge in front with the external angular process of the frontal, behind by the union of the anterior-inferior angle of the parietal and frontal, and below by the line of junction of the great wing of the sphenoid and the frontal bone. The wound was about an inch in length and the hemorrhage was profuse. The surgeon who had him in charge brought the edges of the wound into apposition by means of strips of adhesive plaster and dressed it antiseptically. Healing was rapid under this treatment, without the appearance of any constitutional trouble. There were no symptoms of concussion or compression, and the boy went about his affairs as usual.

About January 20th, 1893, two months after the date of the injury, he cut up a quantity of wood and carried it home on his head, having previously enjoyed his accustomed good health. A few days after this occurrence he was seized with severe headache and fever. The almost cicatrized wound became inflamed and the scalp surrounding was swollen. In about a week this inflammation and swelling in and around the wound subsided, but the patient complained, however, of a feeling of general lassitude and of an elongated palate. By the end of the next week he began to lose the use of his legs and found exercise painful. He was now sent to Dr. T. Grange Simons, of Charleston, for further treatment. His condition was aggravated by the railroad travel, and on his arrival he was suffering with constant nausea, sore throat and intense headache. His expression was that of anxiety and suffering, and his intellect cloudy and sluggish. He answered questions slowly and reluctantly, and his pupils moved sluggishly with a tendency to dilatation; both legs were partially paralyzed, but the loss of power was most marked in the arm and leg of the left side. He was unable to stand and he was barely able to draw his lower limbs up in bed with the assistance of his hands. The patella reflexes were absent on both sides, and there was no deflection of the uvala or apparent contraction of the facial muscles.

The bowels were costive—a micturition was not affected, there being neither retention nor incontinence. The temperature was depressed, ranging between

97° and 98°, and his general condition anomic. I saw the case in consultation with Dr. T. Grange Simons on February 14th, 1893. On examination the wound was found to have healed, except a circular opening about \frac{1}{2} inch in diameter, surrounded by flabby granulations, and giving exit to a small amount of watery pus-just such an opening as is found commonly leading from dead bone. By palpation over the thin depressed cicatrix a fissured fracture of the skull was easily demonstrated. After a careful consideration of the history and present condition of the case, it was decided to make an exploratory incision, having for its ultimate object the removal of the cause of the pressure upon, and irritation of, the brain. At the request of Dr. T. Grange Simons, I performed the operation on February 20th, 1893. A horse-shoe incision was made, following nearly the temporal ridge to the middle of the supra-orbital ridge on the right side. The tissues were dissected up and the perioranium raised with the elevator to fully expose the seat of fracture. A fissured depressed fracture was found, the depressed bone being triangular in shape, the sides measuring an inch, the apex directed forward, the base corresponding to a line formed by the anterior border of the parietal bone, the upper border being about \(\frac{1}{4} \) of an inch below the temporal ridge. The depressed bone was fissured and splintered and was carious.

It was so firmly impacted in its new position that it was impossible to insinuate the point of an elevator to raise it into its proper place. The crown of a small trephine was applied close to the lower border of the fracture and a button of bone removed, thus affording working room. The depressed bone was cut away with Hoffman's ronguer forceps. It was soft and yielded to the instrument readily. The skull in the neighborhood of the fracture, although not broken, was depressed in a circumference of one-half inch or more, so that it became necessary to remove much more than the bone actually fractured. This having been accomplished, the dura-mater was examined carefully to decide the question as to whether it should be incised for a further examination of the brain. It was decided not to proceed further, as the dura-mater did not appear to be much thickened by inflammatory deposit, nor was it depressed or adherent, so far as could be discovered. The flap was adjusted, a drain of catgut having been previously put in position, from one angle to the other of the incision, and held in apposition by silk sutures. The wound was then dressed with iodoform gauze and absorbent cotton.

February 23d—The improvement in the condition of the patient was marked; there was almost entire absence of headache and nausea. Digestion was improved and his general expression was more cheerful.

March 2d-He was able to lift his legs unaided and to cross them.

March 3d-He was carried down stairs.

March 6th—He was able to walk across the room and return. His gait, however, was still unsteady, but improving. The wound was healed, except at the point of the opening of the old sinus.

March 8th—All dressing of the wound discontinued. Sensation and motion good, but the patella reflexes were still somewhat impaired.

March 12th—The patient was able to walk about as he pleased, up and down stairs, and in the street. He was discharged restored to health.

REMARKS,

Cases 3, 4, 5, 6 and 7 present features interesting and instructive, as they represent the immediate and remote effects of head injuries, with and without fracture of the bones of the skull.

Cases 3, 4, 5 and 6, together with that reported by me at the last meeting of this Association, show conclusively that serious and extensive fractures of the skull, with depression of the bone, may occur with no immediate serious effects upon the brain, and unaccompanied with symptoms of compression.

The facts presented by these cases sustain the theoretical proposition made by Druitt that "it must be rare for a depression of the skull to cause great diminution of the brain cavity; so, although such diminution is very sudden, it does not seem likely that mere depression of fragments often lying loose on the duramater is a frequent cause of compression. Insensibility, if present, is much more probably due to concussion or hemorrhage."

Cases 6 and 7 were almost precisely similar injuries in location, in extent and in general features of the fracture. In one case the injury was inflicted by the kick of a horse; in the other by a blow from a brick, but the effect of the violence upon the skull was almost identical. These two cases clearly indicate the results following operative and non-operative treatment. In the case that was treated without operation the wound was dressed and allowed to heal over a fracture of the skull, because there were no symptoms of compression or injury to the brain. In two months the irritation of the dura-mater and brain, brought about by the depressed fragments, resulted in paralysis. In the other case, although there were no immediate symptoms of brain injury or compression, the depressed bone was removed, and at the present time, more than two months since, the injury, the patient is perfectly well and in the enjoyment of all his faculties.

. Case 4 is the only one of the series in which the patient presented symptoms of compression when he was admitted into the hospital. He had been injured one week before he was brought to the clinic, and had been unconscious and paralyzed on one side of the body since a few hours after the accident. There were no external signs of fracture of the skull and none of the symptoms usually accepted as indicating fracture at the base.

The history of the case showed that he had walked home after the accident, and that the symptoms of compression supervened slowly. These facts seemed to warrant the inference of hemorrhage within the skull, and the operation of trephining was performed on a diagnosis based upon this evidence. The trephine was applied, as nearly as possible, to that portion of the surface of the skull described as overlying the convolutions supposed to preside over motion in the upper and lower extremities. The extravasation of blood was found between the skull and dura-mater and also in the brain itself. It would seem to be not assuming too much to think that, had this operation, now almost generally admit-

ted by surgeons to be justifiable and proper under such circumstances, been performed within a few hours after the injury, before the brain substance had been compressed, and altered beyond all hope of recovery, the result might have been different.

Case 3 illustrates the serious nature of the complication of fracture of the skull by wound of the dura-mater, "because it admits germs and irritant fluids to the cranial cavity, and thus leads to septic meningitis, the great cause of death in compound fractures, not immediately fatal from injury to the brain."

Asepsis in this case was impossible, because the patient did not come under treatment for some hours after the injury, and the wound had probably become more or less infected, to such an extent that justifiable antiseptic measures were not sufficient to arrest it. Drainage, the only resource under such circumstances, was not attainable, as no counter opening could be made. Discharge gravitated to the more dependent part of the cavity of the skull, and there underwent putrefactive changes, and on the fifth day the symptoms of septic infection became manifest and the patient rapidly succumbed.

The problem of securing proper drainage under these circumstances is most mportant and interesting, and upon its solution depends the successful result in cases of which Case 3 may be regarded as a type.

I would take this occasion to acknowledge the efficient work of the staff of the Hospital—Drs. Linley, Fike, Smith and Heyward, and of my assistants, Drs. Mullally and Barbot, during these operations, and in the after-treatment of the cases.

DISCUSSION.

Dr. Evans: I have had some experience in injuries of the brain from fracture of the skull. Two or three years ago I had occasion to see a man who had received a blow on the head from a hammer, fracturing the skull about an inch above the supra-orbital ridge and leaving the bone compressed so that he had immediately fallen into a comatose condition. He had also violent convulsions, which were combatted with morphine hypodermically injected. I then made a V-shaped incision, trephined the skull, elevated the depressed fracture and took out a piece of bone about the size of a five-cent piece, which was lying on the dura-mater. There was considerable hemorrhage, and I thought it important to have free drainage, so I inserted a large drainage-tube and closed the wound with catgut sutures. In four or five hours the dressings were so saturated with pus and serum from the wound that they had to be removed. The next morning they were saturated again, but the man recovered and had no further trouble.

Another case that I had to treat was that of a boy who was shot in the head by the accidental discharge of a pistol, wounding him about half an inch above the eye-brow near the median line; he was insensible and breathing stertorously. I incised and probed the wound, and the probe went about six inches into the brain. I removed the pieces of bone and washed out the wound with a solution of the permanganate of potash. Chloral and bromide of potash were administered during the night and the next morning a dose of salts was given. The

patient had no trouble until the third or fourth day, when he had fever and convulsions. A slight oozing of scrum was discovered on taking off the dressing. Some paralysis ensued, but he recovered, and is now quite well, although he still carries that bullet in his brain.

A third case was that of a similar gun-shot wound occurring in a boy who was seen a few days ago, and who is now in sound health. He had symptoms similar to those in the previous case.

The great thing in these gun-shot wounds, I think, is to secure thorough drainage from the very beginning; even the scrum will determine whether the case terminates fatally or not.

Dr. Manning Simons: You will find that I state at the end of my report that the most important and interesting problem connected with those cases is the question of drainage, and that, upon the attainment of that object, depends the success of those cases. One of the chief points that I made in those cases was the importance of making drainage, and, as I see it now, the impossibility of obtaining it, owing to the tendency of the matter to seek a level at the base of the skull.

Dr. T. G. Simons: It was my good fortune to hear the debate on those cases before the International Congress, in which Dr. Agnew laid it down as an axiom that in all cases of fracture it was the duty of the surgeon to make an exploratory incision and trephine, although at the time it was regarded by some as rather an ultra view and somewhat dangerous teaching for one of such high authority; but I think that these cases here reported all point to immediate operative procedures, particularly those performed under aseptic principles as promising the best results and securing the best protection to the patient from attacks of epilepsy and other neurotic disturbances.

Dr. Mayer: I would like to ask Dr. Simons in regard to his experience in the making of counter-openings for the purpose of drainage, and in this way accomplishing the removal of the accumulation of blood or serum from the posterior fossa of the skull.

Dr. M. Simons: I would say that this is the point I had in my mind when I said the problem of drainage was an interesting one, and I saw at some future time the possibility of making posterior counter-openings at the base or lower part of the occipital bone with the object of getting drainage. I confess that up to the present time I have not been able to bring myself up to the point of that, but it was with that object in my mind that I introduced that clause in my paper, as foreshadowing the question of drainage by counter-opening as applied to those cases in which the dura-mater is involved, cases that we know from experience die now, and die because of the discharges accumulating at the lower portion of the skull inaccessible to us, so far, from which absorption takes place.

Dr. Marcy, in response to a request for an expression of opinion on the subject, said: It seems to me that your discussion has opened up one of the most interesting chapters of modern surgery. The making of a wound aseptic in cerebral surgery is one of the most interesting of the problems that confront us. Aseptic surgery has been the means of opening to us organs that were believed

to be entirely beyond the touch of surgeons, and has been brought up to that point that we may even take in this hitherto sealed organ with almost the safety of many of the others. We have gone on until now we feel that the cranial vault is as easy to control in many of the questions of surgical relief as is any of the other closed cavities of the body. It is true that one of the questions of great importance to us in a general way is this question of the drainage of wounds, and sometimes I wonder if we really do quite understand what we mean when we ask ourselves, "Are we to drain a wound?" And these are questions that come to us particularly in reference to the cranial vault. Let us see how it is that these wounds are so really dangerous. Granting that the cerebral substance itself has not been affected, then we have the other factors-shock, hemorrhage, and, third, that larger and more important factor of infection. It is plus serum, plus blood, plus infection, and in that comes in the art of the application of something that shall remove it. It may be the fluids that are used, it may be that we content ourselves with drainage-tubes, when they prove only a source of irritation and fail utterly. Hence it comes in that we may do something better. Certainly we may say that whatever may be the measures that we shall adopt, they must be governed by these general principles of the knowledge of how the infection invades the cavity before we shall know how to remove it. In certain conditions I would use drainage-tubes, in other conditions keep the wound open, in other conditions change the position of the body, and in certain other cases I would stuff the wound with gauze. It often happens, however, in the various changes that occur, that these wounds are infected long after the patient has been given up and considered cured-infection creeps in when he is given over to the care of other persons, and so on. Thus it will be seen that in the discussion of these cases a very wide and interesting field is opened up.

THE REPORT ON GYNÆCOLOGY.

By R. H. WHITEHEAD, M.D., Chapel Hill, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

One who attempts to review the progress made by gynæcology during the past few years, is very soon impressed by the fact that modern gynæcology is essentially surgical. The great advance made in the diagnosis and treatment of the diseases peculiar to women is unquestionably due to surgical, as distinguished from purely medical, gynæcology.

The usually greater certainty and permanency of results, and the shorter time required for cure by surgical measures, the increase of operative skill born of experience, and the proper appreciation and application of the principles of asepsis and antisepsis have all coöperated in bringing about this result. Doubtless there are extremists in this line, men possessed by a sort of mania for ope-

rating, who gaze at the bottles of ovaries, tubes and uteri, which fill their shelves, with much the same feeling of satisfaction that animates the breast of the Indian when he looks at the scalps hanging from his belt.

But evils like this are attendant upon all great movements, and the fact remains that gynecology is indebted to surgery for most of its progress, and it is to surgery that it must chiefly look for its improvement in the future—surgery supported by increase of knowledge and skill and actuated solely by a desire for the good of the patient.

The report, therefore, with the presentment of which you have honored me, is largely devoted to the progress of surgical gynæcology.

A detailed account of the various new operative procedures, the modifications of technique and similar matters, would doubtless be tedious and unprofitable, and I here therefore thought it best to confine my remarks to a few prominent diseases and the principles which underlie their treatment as practiced to-day.

Chronic Metritis and Endometritis.

In a simple metritis or endometritis of short duration, proper hygienic and medicinal measures, aided, perhaps, by intra-uterine medication, and the correction of any co-existing malposition or stenosis generally result in a cure. If, however, we are called upon to deal with a confirmed metritis of long standing, especially if it be of the hemorrhagic type, attempts to restore the mucous membrane to its normal condition will generally prove futile. Here nothing short of destruction of the diseased membrane will suffice. For this purpose chemicals should not be used, as their action is so difficult to limit and so apt to result in cicatrices, stenosis and sterility. The same objections apply to electricity, but with much less force, and when one has the apparatus and the patient prefers it, it may be used.

By far the greater number of gynæcologists prefer the curette, for, while much abuse has been heaped upon the curette, the majority in favor of its use is overwhelming. It is needless to say that curettage must be done with as strict attention to antiseptic details as a laparotomy, and all debris must be washed away, some operators using for this purpose a hollow curette, which allows of constant flushing of the uterus all during the operation. The after-treatment is directed to the maintenance of an aseptic condition of the uterus, which demands free drainage. To this end all malpositions must be corrected, and the os kept patulous. Many prefer iodoform gauze for this purpose, as it is antiseptic, furnishes good drainage and promotes absorption; so that an enlarged uterus is often rapidly reduced. It has the disadvantage, however, of being difficult of introduction.

A year or so ago ichthyol was introduced to us by certain German gynæcologists with great enthusiasm, who declared it to be the remedy par excellence for all inflammatory pelvic affections. A thorough trial of it, however, has proved it unworthy of such praise, although it is very efficacious in relieving pelvic pain and soreness.

Uterine Appendages.

It is in the treatment of the diseases of the uterine appendages that gynacology has made its recent progress, not so much in the direction of great discoveries or brilliant life-saving operations, as in true surgical conservatism.

Not long ago many operators seemed almost daft on the subject of removing the appendages; the simple fact that a tube or ovary showed evidence of being diseased was considered ample justification for removing that organ immediately. "If thine eye offend thee, pluck it out and cast it from thee," was the dictum so literally and liberally applied to the appendages, whether those unhappy members offended by reason of something analogous to a panophthalmitist or to a catarrhal conjunctivitis. Nor was this destructive enthusiasm limited to the younger members of the profession, but heads grown gray in the service were foremost in the crusade. However, a strong reaction against this practice has taken place. The excitement incident to the novelty and to the frequently happy results of the operation has subsided, and surgeons, taking a sober second thought, are reviewing the results of a decade of wholesale spaying of women, with the result that the tide has set in the opposite direction. To-day the aim of the surgeon is to relieve the symptoms of the disease without destroying the sexual individuality of the patient. We should not look upon this episode in gynæcological history as indicative of weakness, for, on the contrary, the ability to cast off this abnormal growth is one of the strongest evidences of the vitality of the science.

Let us briefly investigate some of the paths along which this new-born conservatism has proceeded. In the first place, it has been pretty well settled that oöphorectomy for organic nervous disease, including epilepsy, is not justifiable. In fact, oöphorectomy for any sort of nervous disease is not usually done unless there are gross lesions in the ovaries themselves. In a recent paper Professor Landon C. Gray lays down the conclusion that there is no proof that genital irritation in either the male or the female can cause nervous or mental diseases, even in the predisposed. We may doubt, though, if this conclusion will be endorsed by American gynæcologists, who often see manifold neuroses appear after a lacerated cervix or perineum to disappear when the scar tissue has been removed and the laceration repaired.

Several years ago Lawson Tait laid down the rule that, in operating for a unilateral pyosalpinx, the normal appendages on the opposite side should be removed at the same time, because his experience had taught him that if this were not done they would become similarly affected. Naturally the words of such an experienced and successful operator as Tait had great weight with his brethren, and for a time his law was faithfully obeyed. Recently, however, reports have been coming in from various sources with records of cases in which the operator had acted squarely against Tait's advice with the result that they cured their patients, and yet left them sexually competent. This was certainly a great gain, and it behooves all of us who are called upon to do this sort of work to study the steps by which it was attained.

We now know that the vast majority of cases of pyosalpinx are due to one of two causes—puerperal sepsis and ascending gonorrhæa. Twenty years ago Noeggerath first impressed upon the profession the important role which gonorrhæa in the male played in the causation of pelvic inflammation in the female, and after years of insistence had the satisfaction of seeing his views accepted. Until recently, however, the great mass of clinical evidence on this subject was almost entirely unsupported by experimental evidence, but the results of Wertheim's investigations and experiments would seem to have at last definitely settled this question. He readily succeeded in producing peritonitis in certain animals by projecting pure cultures of gonococci into the abdominal cavity, and, furthermore, he has produced abscesses by injecting the same cultures into connective tissue.

Again, he has discovered gonococci in pyosalpinges removed by laparotomy, and in some instances he found no bacteria except gonococci. All this is strongly confirmatory of the clinical evidence to the effect that gonorrhea does ascend from the vagina into the uterus, thence into the tubes, the ovaries and the broad ligaments. So that in almost all cases of pyosalpinx there is a co-existing endometritis or metritis, septic or gonorrhœal in character. We thus see the reason for Tait's law, which undoubtedly held true in the great majority of cases, for the removal of a unilateral pyosalpinx did not eradicate the disease. inasmuch as there still remained in the uterus a focus from which the disease was liable to extend into the remaining tube. Obviously, then, it is of primary importance to remove this focus in the uterus, which being done, we shall be safe in leaving the healthy tube. This is accomplished by the curette, some employing it before the removal of the tube and others afterward, the latter being in the majority. While working in this line Prof. Polk observed that some of the cases whom he curetted, before doing an intended operation for pyosalpinx, were cured of the latter. He was thus led to extend his investigations, and now he does not hesitate to advise curetting as a means of curing pyosalpinx, claiming that, when it is properly done, some at least of the cases will be cured, and none injured. He supports his claim by quite an array of cases. At first blush his advice seems startling. It flatly contradicts all previous teaching and experience, which unite in condemning the use of a curette, and, indeed, almost any form of intra-uterine treatment, as dangerous in the presence of a peri uterine inflammation. However, Pryor claims to have curetted in the presence of an acute peritonitis, and with benefit. While we can understand how curetting might benefit a pyosalpinx by removing the focus of infection, it is exceedingly difficult, on anatomical grounds, to comprehend how it can secure patency of an occluded tube. The question must be regarded as sub-judice, and it is receiving ample investigation.

In addition to these conservative operations for pyosalpinx, some operators are endeavoring to avoid removing even a diseased tube by various procedures. Thus, some have stitched the suppurating tube to the incision in the abdominal wall, and, after thoroughly draining it, returned to its normal position. Others incise the tube *in situ* longitudinally, restore the patency of the tube by passing

a probe through it into the uterus, and then wash through the tube with an antiseptic fluid, closing the incision into the tube with fine stitches. Others still have resected the diseased portion of the tube. This principle of resection has also been applied to diseases of the ovary, when sufficiently limited to admit of it. All of these operations have been attended by a very encouraging degree of success.

The methods of approaching a pelvic abscess have recently been modified. When the great importance and frequency of tubal and ovarian inflammation first broke upon us, all pelvic abscesses were considered intra-peritoneal, and it was held heresy to approach a pelvic abscess by any other avenue than an incision through the abdominal wall. We now know, however, that pelvic abscess may often be extra-peritoneal as a result of cellulitis or of the separation of a hæmatoma, and such may be attacked with advantage through the vagina. Even a pyosalpinx, if it be firmly fixed by adhesions, may be drained in the same way. We may incise with a bistoury at the point where fluctuation is detected. or, what is better, a trocar may be entered, along the track of which a uterine dilator is passed and the cavity dilated sufficiently to admit a drainage-tube. Or, in the case of abscess between the layers of the broad ligament, an incision may be made in the groin similar to the outer part of that for ligation of the external iliac artery. When the peritoneum is reached, it is pushed up with the fingers from over the iliac vessels, and thus access is obtained to the pus. A counter-opening can now be made in the vagina, through which a tube is carried into the cavity and brought out in the groin,

Fibro-Myoma of the Uterus.

The battle between the partisans of electricity and the advocates of the knife in the treatment of fibro-myomata is still waging, and occasionally a faint cry of "ergot" may be heard above the din. From the great mass of contradictory testimony before us, it is still very difficult to come to correct conclusions as to the utility of electricity. A short time ago Apostoli's method was rejected in toto by most surgeons, and we still hear many voices lifted in condemnation of it. However, the opposition to it is decidedly weaker, and electricity is gradually gaining for itself a position as an agent of recognized value in the treatment of fibroids. Thomas Keith, once the boldest and most successful operator and one of the most earnest advocates of hysterectomy, spent some weeks in Apostoli's clinic watching his work, with the result that he was completely converted, and now practices the electrical treatment almost exclusively. This position, taken by such a conscientious and experienced worker, is bound to have weight with the profession. From an analysis of 372 cases reported by Keith, Martin, Mackenrodt, Gautier, Massey, Homans and others, we find 21/2 p. c. of complete cures, 64 p. c. of symptomatic cures, and only 13 p. c. of deaths. Of course, we must remember that fibroids are prone to undergo cystic and malignant degeneration, and in such cases electricity is worse than useless. It gives its best results in small interstitial fibroids. From the evidence at hand to-day, we seem clearly justified in the conclusion that Apostoli's method, properly

carried out, is a very valuable palliative treatment, and that it sometimes cures. The agitation of the electrical treatment has had the effect of stimulating the surgeons to efforts at lowering the mortality of hysterectomy, but, while their efforts have met with considerable success, the mortality is still high-about 20 p. c. The improvements have been chiefly in technique, especially as to the disposition of the pedicle. Most operators now practice an extra-peritoneal disposition of the stump by stitching flaps of peritoneum over it in the bottom of the wound, leaving the cervical canal open to act as a drain. Various modifications of this plan are employed, one of which was so successfully followed and admirably described to us at our last meeting. A new operation, by Dr. Emory Lanphear, strongly commends itself to us by the comparative ease and rapidity with which it may be performed, and the good drainage which it secures. He proposes it for malignant growths as well as fibroids. Having made his incision in the linea alba, he "draws the uterus with one tube and ovary to one-side and applies a clamp to the broad ligament; a strong ligature is passed half an inch away from this, including the blood-vessels, and tied; the intervening tissue is then cut with scissors The same procedure is then carried out on the opposite side. When this has been done the uterus, hitherto held down by the broad ligaments, can be lifted up into the wound and separation from the bladder and rectum easily accomplished. These incisions, before and behind, are prolonged into the vagina, when a clamp is introduced through the vagina as close as possible to the uterus, its points reaching the ligature already tied in the broad ligament. As soon as it is properly applied it is closed, and its fellow-clamp is inserted upon the other side, when the uterus is quickly cut away with curved scissors. The pelvis is irrigated, the abdominal wound closed and drainage made through the vagina as in cases of vaginal hysterectomy." The operation can be done in thirty minutes, and is said to be easier than vaginal hysterectomy with clamps. On account of this rapidity and the good drainage secured, Dr. Lanphear thinks that it is much preferable to any operation which leaves a stump or pedicle behind. He finds it unnecessary to unite the bladder to the rectum, as union takes place just as quickly without sutures as with them.

At a recent meeting of the New York Obstetrical Society, Polk advocated hysterectomy for *small* fibroids, expressing the opinion that we are here facing the same problem that we once encountered in the treatment of ovarian cysts, and prophesied that, just as we now advise removal of the cysts while they are small, and therefore easy to remove, so we would in the future advise early hysterectomy for fibroids. His opinion met with the endorsement of Gill Wylie. It is difficult, however, to believe that the views of these gentlemen will be accepted by the profession at large, for it is in just these cases, as we have seen, that electricity gives its best results; and, furthermore, the results of Tait's operation here have been so good that most surgeons are entirely satisfied with it. So that it is extremely doubtful if an operation so easy of performance, so good in its results, and whose mortality is, or ought to be, practically *nil*, can ever be supplanted by one so formidable in character as hysterectomy.

Malignant Disease of the Uterus.

A disease of such frequent occurrence and desperate character as cancer of the uterus has very naturally always possessed great interest for the profession. When, under the influence of the great revival in surgery, it became possible to apply broad surgical principles to its treatment, the operation of hysterectomy received a warm welcome at the hands of gynæcologists and became the almost universal method of treatment. Accordingly, the most notable occurrence in the history of uterine carcinoma during the past year is the very powerful and bitter attack made upon hysterectomy by the President of the American Gynæcological Society at its last meeting. In this he endeavored to prove that hysterectomy was unjustifiable, and advocated his own method of operating with the galvano-cautery knife. He first showed that the primary mortality of vaginal hysterectomy is about 15 p. c., even under the most skillful operators, and then proceeded to completely demolish, to all intents and purposes, the statistics of various foreign operators, especially those of Kaltenbach and Leopold, of the Dresden Klinic, and expressed the belief that their tables had been compiled in such an ambiguous and misleading manner, that they were open to the charge of suppression of the truth or of actual misrepresentation of the facts. He held that hysterectomy is, in many respects, more dangerous than the disease for which it is undertaken, that the majority of all cases afflicted with uterine cancer would live longer without the operation than with it, and that therefore it is neither safe nor useful, but is positively unjustifiable. He gives the statistics of his own operation with the galvano-cautery, as follows: In forty cases of cancer, limited to the vaginal portion of the cervix, there was an average freedom from recurrence of over nine years for each, and in 40 cases in which the cancer involved the entire cervix or extended into the corpus, there was an average period of exemption of nearly six years. On the other hand, 235 cases treated by hysterectomy at the hands of various surgeons, gave only 27 p. c. who had an average freedom from recurrence of three years. He concludes, therefore, that the operation with the cautery is free from danger, a safe-guard against infection, and gives immensely better results, both immediate and remote, than hysterectomy, and that therefore it is a moral obligation upon all persons who operate for cancer to employ the galvano-cautery. A good description of his method of operating may be found in the Therapeutic Gazette for February, 1893.

After seeing this aspect of the case, one feels disposed to say, with one of the members of that Society, that Byrne "is either a medical Columbus, teaching the existence of, to others, an unrecognized truth of inestimable value, or a Don Quixote in pursuit of a chimera and recognized as such by all." If Byrne is asked why amputation of a portion of an organ with the cautery should give better results than the removal of the whole of that organ with the knife, he replies that the cautery is destructive to latent cancerous proliferation in tissues remote from the line of incision. If Byrne's statistics as to his own cases are true—and nobody doubts his integrity—why has his operation not been adopted by the profession? In the first place, Byrne's operation has been before us for

nearly twenty years, and has been tested by others, but nobody has obtained anything like such good results as he. It seems to be exceedingly difficult in its application, for such men as Reeves, Jackson and Baker did not feel ashamed to openly confess to the Society their inability to apply it. Again, it is a well-established maxim in surgery to make our incisions as far away from the disease as possible; so that many operators would as soon think of removing a part of the breast for cancer as a part of the uterus. Furthermore, the advocates of hysterectomy do not accept Byrnes' handling of their statistics, but claim much better results than he is willing to accord them. And lastly, there have been reported from time to time numerous cases in which there were several distinct and apparently independent nests of cancerous disease in the same uterus; so that, in cases of cancer of the cervix, we cannot always feel certain that cancer does not also exist elsewhere in the uterus—in fact, it may be absolutely impossible to obtain this certainty.

The truth would seem to be, then, that the operative treatment of cancer of the womb cannot be considered as definitely settled, but the following may be said to be the principles which determine the action of average gynæcologists to-day—men neither ultra conservative, on the one hand, nor possessed by a cacoëthes operandi on the other, viz: if it seems fairly certain that the disease is limited to the portio vaginalis of the cervix, a high amputation either with knife, scissors or galvano-cautery is done; otherwise vaginal hysterectomy is performed.

Doubtless vaginal hysterectomy has been abused by being performed in badly selected cases, but when the profession comes to true conclusions as to its limitations, when we cease operating for cancers which have extended to the rectum, bladder, or even to the perimetric tissues, then, in all probability, the operation will be freely granted a high place in the list of remedial measures, as the means of saving many women from the ravages of a horrible, and otherwise fatal, disease

DISCUSSION.

Dr. J. W. Long thought the paper too valuable not to be discussed. He congratulated the author on the great merit of the paper, and the Society on having had an opportunity of hearing it. He would confine his remarks to two or three points in the article. He thought the author very properly emphasized the fact that no intra-uterine treatment, either chemical or instrumental, should be employed without careful antiseptic preparation. No man who is not qualified to do a laparotomy should undertake intra-uterine treatment. He thought many cases of peri-uterine inflammation had their origin in the unskillful employment of this treatment. He agreed with the author, that the only intra-uterine treatment that should be used was the curette, followed, perhaps, by iodoform gauze. He has been in the habit of treating the endometrium by dilating, curetting and packing with gauze. In regard to electricity, he believed that it had a welldefined field. He had contributed a paper on the subject of electricity to the Society a few years ago, but he had not as much faith in it now as he had at that time. He agreed with the author, that it was often an excellent palliative in fibroids. He recited the case of a woman who had periods of congestion, or, perhaps, inflammation of the pelvic contents, these periods ceasing under the use of electricity. Now, however, the tumor is larger than ever, there is great hæmorrhage and an operation will have to be done for her relief.

Dr. Hodges thought one remark in the paper was a little misleading. He referred to the statement that cases of pyosalpinx could be cured by the use of the curette and packing with iodoform gauze. He did not believe that, after the inflammatory process had gone on to the extent of pus-formation in the tubes, it could be cured by curetting and draining the uterus. He thought Dr. Polk must have reference, when he advocates this treatment, to those cases in which

pyosalpinx is only threatening.

Dr. Whitehead closed the discussion by stating that he did not endorse the treatment advocated by Dr. Polk. He thought some got well under that treatment, because some cases get well of themselves. He reported the case of a woman who was suffering with a well-marked case of pyosalpinx, which recovered under unusual conditions. He was treating the case, and one night the patient's husband came home drunk, fought her, jumping upon her abdomen with his knees. When he made his next visit the tumor had disappeared, and the woman was much better. She stated the circumstances to him, and said that there was a great deal of "corruption" passed from the vagina. She went on to recovery.

CEREBRO-SPINAL MENINGITIS.

By Thomas Stamps, M.D., Lumber Bridge, N. C.

Read before the North Carolina Medical Society, Raleigh, May 9th, 1893.

Cerebro-spinal meningitis as an epidemic disease was first described by French writers in the early part of the present century. The literature of the subject is remarkably meagre. Spotted malignant purpuric and congestive fever are some of the names applied at different times to this malady.

Its first appearance in this country was during the British war of 1811, when it prevailed extensively among the New England troops and occasioned great mortality. In 1863 it appeared in Philadelphia, and several years later in New York, whence it has radiated to very remote points in different parts of the country. Nearly all the domestic vertebrates and many wild species have been victims of this disease.

Many of you will recall the epizootic which played such havoc among the horses of New York city in 1871, and which was demonstrated to be nothing less than cerebro-spinal fever.

Dr. Galloh, in his report of an epidemic in Vermont, mentions that large numbers of foxes were destroyed by it. But notwithstanding its prevalence among the lower animals, in not a single instance has it been proven that the disease was communicated from them to men.

Its etiology has never been clearly defined, though, from the analogy of other constitutional disorders, it is not unlikely that clinical and microscopical research will ere long be able to demonstrate its specific origin. If these are, as Key and Retzens maintain, a direct continuity, through lymph channels, between the nasal mucous membrane and the sub-arachnoid space at the base of the brain, it would not be difficult to account for the entrance of micro-organisms from the air directly into the tissues chiefly affected. There is reason to believe that the micrococcus lanceolatus (Bardoni Uffredduzzi), if not the prime cause, enters as an etiological factor. This organism is morphologically identical with the dipplococcus pneumonice or pneumococcus. Now, croupous pneumonia and the disease we are considering have many points in common, and it is not unwarrantable to suppose that the same micro-organism may determine one or the other of these maladies in accordance with certain elective affinities by which the pulmonary parenchyma or connective tissue cells of the pia mater form a suitable nidus for its proliferation. A similar relation, we know, subsists between scarlatinal virus and the poison of puerperal septicemia. Whatever be its causation, specific or otherwise, the consensus of nearly all competent observers is that the disease is not contagious. Multiple cases in a single family are rare unless some decidedly unsanitary condition exists, which in this, as well as all other like disorders, doubtless acts as a predisposing cause. No age or sex can claim exemption, though statistics show that three-fourths of all reported cases occur under 15 years of age, males slightly predominating.

Dr. S. B. Hunt, who analyzed over 100 epidemics in Europe, says its favorite "habitat is in prisons and barracks." It appears oftener in winter than in summer, though where it has become endemic, as in New York, the seasons seem to exert but little influence.

The characteristic anatomical lesion consist in an inflammatory exudate into the meshes of the pia mater, investing the brain and the cord. This exudation, at first sero-fibrinous, becomes later sero-purulent or purulent, if the case be severe and protracted. The brain substance becomes more or less softened, especially over those points where the meningitis is most intense. The ventricles and central canal of the cord are distended with serum. The meningeal and cerebral vessels are congested and punctate extravasations occur at various points, particularly beneath the dura at the base of the brain. The lungs are often the seat of atelectasis, and there is more or less parenchymatous degeneration of the heart and chylopoietic viscera, such as is common in all infectious diseases. The petechial patches so frequently discernible upon the integument, arising from altered condition of the blood and vascular walls, gave occasion for the designation spotted fever, already mentioned as one of the synonyms of this disease.

The diagnosis, always interesting, is especially so in this instance, since it is contended by some that it never occurs sporadically. Loomis, to avoid this difficulty, maintains that these are essentially two different varieties—the sporadic and epidemic. Niemeyer, than whom there is scarce any higher authority, places it among the purely local affections. The trend of opinion, however, is

in the opposite direction in this, as well as other like disorders, pneumonia, for instance, whose place nosologically has been but recently established among the constitutional diseases. To differentiate this from simple inflammation of the meninges, is generally not difficult, when it is remembered that acute simple spinal meningitis is practically never a primary disease, but is almost always secondary to traumatism, tubercles or caries of the vertebræ.

In acute cerebral meningitis, the onset is generally mild and progressive, whereas in cerebro-spinal fever it is abrupt, beginning, as a rule, with a severe chill in the night, followed rapidly by pronounced symptoms referable to the brain and cord, such as vomiting, retraction of head, arching of spine, muscular rigidity and hyperæsthesia. It has been confounded with scarlatina, pneumonia, typhoid, typhus and pernicious malarial fever, but physical examination and the previous history and environment of the patient will ordinarily suffice to distinguish it. The prognosis is always grave and the sequelæ often more to be dreaded than even a fatal issue. Idiocy, blindness, deaf-mutism and various paralyses are not infrequent results.

The indications for treatment are four-fold: (a) To relieve pain. (b) To lessen meningeal hyperemia and reflex irritation. (c) To promote absorption of inflammatory products. (d) To sustain the vital forces. The first indication should be met by full doses of opium or its alkaloids, notwithstanding certain theoretical opinions to the contrary. None of the much vaunted patented synthetical compounds can be relied on as a substitute—a fact showing the correspondence between the best interests of our patients and the ethics of our profession.

In the case cited below, at 13, morphine, gr. \(\frac{1}{2}\), hypodermically, or its equivalent per orem was required at short intervals. To lessen the hyperamia of the meninges, cold applications, with the bromides, would seem the ideal remedy, but they are not always well borne when it becomes necessary to employ heat and counter-irritation.

Potassium iodide best meets the third indication. Blisters may be of service, but my experience is that they substitute one pain for another, and very materially interfere with the comfort of the patient and the preservation of his energies. This last requires the ingestion or injection of nutritious food at regular intervals, with stimulants in the later stages, unremitting attention of the nurse and darkened, quiet and well-ventilated apartments.

The following somewhat typical case is cited to further illustrate the symptomatology and treatment:

In the forenoon of February 12, 1892, I was called to a neighboring village to see Caddie E., at 13, whose previous personal and family history was good. I was informed that she had retired the night before in her usual excellent health, and was seized about midnight with a severe chill, lasting probably an hour, followed by intense pain in head, back and lower extremities; had vomited repeatedly, and bowels had moved three times during the night. It may here be remarked that the locality was singularly exempt from malaria. No case had ever occurred in the family, of which this child was the youngest member.

La grippe, however, was prevailing to some extent in the neighborhood, and the symptoms on this morning strongly simulated one of the nervous types of that Protean malady, if, indeed, it did not really exist as a complicating factor. Her face was flushed, skin hot and dry, axillary temperature 104°, respiration 26, pulmonary resonance normal, pupils slightly dilated, but responsive, conjunctive injected, abdomen flat. Vomits at variable intervals, ejecta consisting of mucus and bile; complains of severe epigastric pain in addition to that stated which succeeded the chill of last night. She is restless and irritable. A hypodermic of morphia was administered, sinapism ordered for the epigastrium and cold applications to head and nucha. The following prescriptions were left:

B.—Phenacetine, Quin. sulph	xv.
B.—Hyd. chl. mitgr.	
Pul. ipecac, co gr. Bis., sub-nit Эi	
M. Ft. chart., No. 10. S. One every two hours.	

February 13th, 9 a. m.—Patient very restless; complains of lancinating pain in top of head and down spine, with less suffering in extremities. There is stiffness of posterior cervical muscles; unable to flex head on sternum. Vomiting continues at longer intervals, with but little apparent nausea; wants to be continually getting out of bed; diffuse inflammation of conjunctive and photophobia; right 'pupil larger than left; urine contains excess of urates and phosphates, is lessened in quantity, otherwise normal; pressure over ligamentum nucha causes great suffering; morphine sufficient for relief of pain, a brisk saline purge, hot mustard pediluvia, together with the following, were ordered:

R	.—Pot., brom	
Ĺ	Chlor., hydrat	
	F. ext. ergot	
	Aquæ, qs. adf ǯ ij.	
I.	Sig. Dessertspoonful every three hours.	

The room was well ventilated, darkened and absolute quietude enjoined.

February 14, 10 a. m.—Head retracted, with forward arching of spine; rigidity of flexor muscles of extremities; convergent strabismus, with dilatation of pupils.

14 p. m.—Opisthotonos complete; cold applications being badly borne, are withdrawns circums ordered over mucha and spines bromide mixture in in-

withdrawn; sinapisms ordered over nucha and spine; bromide mixture, in increased doses, continued; temperature excursions have fluctuated during the day between 99° and 103.°

February 15th.—Patient somnolent, but can be aroused; vomiting less frequent, consequently food consisting chiefly of milk and farinaceous broths were better retained; moderate cutaneous hyperæsthesia; cephalalgia and rachialgia less severe; temperature 100°; pulse 110, very compressible; appears more comfortable.

February 16,—The period of apparent amelioration yesterday was followed by

recrudescence during the night; all prominent symptoms intensified; herpetic vesicles appear on lower lips and about angles of the mouth. An examination of urine discovered a trace of albumen.

February 17.—Toxemia profound; morning temperature 104°, evening 101°; herpetic cruption has spread over chin and lower half of cheeks; papelliform elevations of cuticle over greater part of body; strabismus exaggerated; dysphagia, probably from paresis of muscles of deglutition; she lies quiet and apathetic for a while, then suddenly tosses from one side of the bed to the other. Full doses of potassium iodide, interlaced with the bromides and ergot, were administered every six hours, and some benefit seemed to be derived from ironing the back over flannel saturated with oil turpentine, as originally suggested by Dr. W. H. Sutton; quinine was given for its tonic effects. The fastigium was reached on this day. From that time till March 2d, when convalescence was fairly established, there was nothing worthy of recital, save the very variable temperature chart, which is characteristic of this disease. My friend Dr. J. L. McMillan was invited to see the case, and we were in entire accord as to the true nature of the malady and the treatment, as outlined above. The recovery was complete, except that the axis of the right eye never regained its normal position—the squint remaining permanent. No other case occurred in the neighborhood.

LECTURE ON ELECTRICITY.

Delivered at West Side German Clinic, New York.

By Augustin H. Goellet, M.D., Gynæcologist to the Institution, President of the American Electro-Therapeutic Association, Fellow of the New York Academy of Medicine and of the New York Obstetrical Society, Member of the Society Francais d'Electricitié, etc.

[Reported for the NORTH CAROLINA MEDICAL JOURNAL.]

I will assume at the outset that you are familiar with electricity as one of the natural forces like heat and light, which may be called into existence in a variety of ways, and which manifests different physical conditions, according to the manner of its production. The usual manner of producing this energy is by friction, induction or chemical action, though it may be produced in a number of other ways, upon which it is unnecessary to dwell at present; for instance, percussion, vibration, disruption and clearage, crystallization and solidification, combustion, evaporation and pressure.

The different physical qualities displayed by this energy under different conditions, according to the manner of its production, does not necessarily signify that there are different varieties of electricity as might be supposed, or as it is sometimes stated. In reality, the so-called different forms are one and the same thing; the different states or their different manifestation being due to a different arrangment or distribution, so to speak, of the two qualities of which it is possessed, viz: pressure and volume. That is, according to the predominance of the one or the other of these two qualities, this agent has a different way of manifesting its experience, and produces a different effect both physical and physiological. The difference, then, is only one of degree, and all of these different forms of electricity are convertible, the one into the other, and are capable of the same effect under similar conditions.

But before we go further with this subject we must understand what these terms, pressure and volume, signify. Because they are applied to an agent like electricity, with which most of us are less familiar than with the other forms of energy, they need not produce confusion. You know that steam exists under the same conditions, and that everything of which it is capable depends upon its pressure and volume. The same may be said of water when employed as energy. The pressure of a current of electricity is that force which sends it through a circuit or conductor, and the volume is the result of this force, so to speak, after the resistance is overcome, i. e., the strength of the current established. This pressure or force, by virtue of which an electric current circulates, is designated electro-motive force.

Before this force can be brought into action, however, something must be done to create it. Just as in the case of steam, before a pressure can be established, it is necessary to apply heat and set up a different condition in the water confined in the boiler. In the case of electricity, before an electro-motive force can be created, it is necessary to establish a condition known as a difference of potential. This condition may be readily comprehended by comparing it with a difference of level in hydraulics with which it is analogous, or a difference in balance. The difference of level between two tanks of water, one of which is placed ten feet above the other, causes the water to flow from the higher to the lower when they are connected by a tube. Similarly a difference of potential established between two points or sources, causes the electric current to pass from one to the other This term potential is often erroneously confused with electro-motive force and incorrectly employed in the same sense. But they are distinctly different, and are related only as cause and effect. Potential is the state or condition which creates the force, while the electro-motive force is a manifestation of this condition. A difference of potential may exist while the electro-motive force is still absent, the latter being called into existence when motion is established. There is a difference of level between two tanks of unequal height, but no other relation exists between them until they are connected by a tube, then the pressure in the higher causes the water to flow from the higher to the lower. The galvanic cell will furnish an illustration. It contains an inherent potential which renders it capable of a certain electro-motive force, but this electro-motive force is only a possibility before the circuit is complete.

The question of resistance must not claim our attention. As I have said before, the volume or strength of the current is the result after the resistance to

the current is overcome. Very much, then, depends upon the resistance encountered by an electric current. Just as in the case of the two tanks of water referred to, the volume of the water which will flow from one to the other in a given time, will depend greatly upon the size of the tube connecting them, and the freedom with which it flows through it; for clearly more water will flow through a pipe when perfectly pervious than when it is filled with sand or any other substance which obstructs its calibre and offers a resistance. Similarly the resistance in the circuit bears a very significant relation to the volume of the current which may be established. It is obvious, also, that the resistance of a circuit must be considered in selecting, so to speak, an electro-motive force that will overcome it and produce a certain volume of current, since the current produced is the result after the resistance has been overcome by the electro-motive force. It is likewise obvious that when the resistance is great the electro-motive force must be greater to overcome it, but when the resistance is small, the electro-motive force need not be great. Upon the above fact is based the law of Ohm, about which there appears to be so much confusion. But if what I have said has been made at all comprehensive, it will be no effort to understand that the current is equal to the electro-motive force divided by the resistance, or, as it is often

written, $C = \frac{E}{R}$ which is Ohm's law.

(We will take into consideration the different kinds of resistance in dealing with the galvanic cell later on—the internal and external resistance.)

It will be clearly appreciated in dealing with this energy that three important items are to be considered, viz: the electro-motive force and the resistance it encounters and the volume of the resulting current, and that very much depends upon their relationship.

We may now consider the units employed in measuring the electro-motive force, the strength of the current and the resistance in its path. We will begin with the unit for measuring the resistance, since this must be considered first. It is called an ohm after the inventor of the law which bears his name. The value of the ohm, which is now universally adopted as a standard, was established by an Electrical Congress held in Paris in 1884, and is designated the legal ohm. It is equal to the resistance represented by a column of pure mercury 1 square millimetre on cross section, 106 centimeters in height at the temperature of 32° F., or melting ice. Prior to that time the unit of the British Association (designated the B. A. unit) was employed. For the sake of convenience in making references to older works upon electricity, it may be stated that it was rather less than the present standard, being 0.9889 legal ohm.

The unit of measure for the electro-motive force is called a *volt*, and is equivalent to the force necessary to overcome one ohm of resistance and produce one unit of current, viz: one ampere. That is, a volt is that electro-motive force necessary to produce one ampere of current through a resistance of one ohm. There is no standard which will give exactly one volt. The Daniel cell approximates it very nearly, being 1.079 volts, or 1-12th more than one volt.

The ampere is the unit for measuring the strength, or, more strictly speaking,

the volume of the current. It is equal to that strength of current produced by an electro-motive force of one volt through a resistance of one ohm. It has a standing valuation representing that current which will decompose .cooog324 gramme of water in a second of time. Since the structures of the human body would not tolerate a current of an ampere, this unit is divided by one thousand for medical purposes and each thousandth is designated a milliampere.

Another unit, which is designated the coulomb, is seldom used at the present time. It is a measure of the quantity of the current. One coulomb represents the quantity of electricity that would pass in one second in a circuit whose resistance is one ohm under an electro-motive force of one volt. It is calculated by the amount of decomposition of water placed in the circuit, the product of this decomposition in the form of oxygen and hydrogen being collected and measured on the scale of an appliance known as a coulomb metre.

It is not strictly correct to refer to the volume or amperage of the current, as the current strength for this term clearly indicates the total energy of the current, and the total energy of the current consists of a combination of the electro-motive force and the volume, or the volts and amperes which is convertible into horse-power. This total energy of the current is obtained by multiplying the electro-motive force by the volume or current strength, as it is called; that is, the volts multiplied by the amperes, and is measured by an unit called watt. Hence the watts are the product of the voltage multiplied by the amperage. I said the energy of the current was convertible into horse-power; 746 watts represents a horse-power, therefore one watt is equal to 1-746 of a horse-power. Example: A battery of 40 Lelanché cells represents 60 volts and 1.5 amperes, which equals 90 watts.

Just before taking up the subject of electrical units of measurement I explained to you Ohm's law, which you will recall by the formula $C = \frac{E}{R}$. You will

appreciate the value of this law as we get further on, and you must be quite sure that you understand it thoroughly. Its value may be somewhat better appreciated if you know that not only does this law make it possible for you to estimate the current strength when the electro-motive force and resistance is known, but likewise the electro-motive force can be estimated if the resistance and current strength are known, and also if the electro-motive force and current strength are known the resistance of the circuit can be determined; that is, given any two of these quantities, the other may be calculated by transposing this law. Thus:

 $C = \frac{E}{R}$ (that is, the current is equal to the electro-motive force divided by the resistance)

 $E=C\times R$ (that is, the e. m. f. is equal to the current multiplied by the resistance.)

 $R = \frac{E}{C}$ (that is, the resistance is equal to the e.m. f. divided by the current.)

You can readily see that these formule will be of incalculable value to you in dealing with this agent; for instance, if you desire to know the resistance of the

tissues through which you are working, it may be estimated, approximately, if the register in millimeters is noted on the meter and the electro-motive force of the cells employed is known. I say approximately, because the other resistances of the circuit, that of the conducting cords, connections, etc., are included. If, however, a rheostat is employed for controlling the current, this cannot be done, because the resistance of the rheostat would be included. The calculation can only be made when the cells are turned on one at a time and the voltage of the cells is known. A more reliable way of ascertaining the resistance is by means of resistance coils, which I will explain in another lecture.

A simple illustration may enable you to comprehend this law more clearly. If you have a battery of 40 Leclanché cells, and you desire to know how much current you can get through a certain resistance, say 500 ohms, it can be estimated. Each cell has an electro-motive force of 1.5 volts, and 40 cells will give 40 times 1.5, which are 60 volts. We may disregard the internal resistance of the cells for the sake of convenience, which is 1 ohm to each cell, making 40 ohms in the 40 cells. (To be accurate, this should be added to the other 500 ohms.) Now, according to Ohm's law, the current is equal to the electro-motive force divided by the resistance, therefore 60 volts divided by 500 ohms will give a current of 120 milliamperes. The result in milliamperes is reached in this way, viz: 60 divided by 500 gives. 12 of an ampere or .12 of 1000 milliamperes (since 1 ampere is 1000 milliamperes), which is 120. I will not dwell upon this, however, as it will be fully elucidated in a subsequent lecture.

A CASE OF REMARKABLE TOLERANCE OF THE HUMAN SYSTEM TO ARSENIC.

By S. Westray Battle, M.D., U. S. N., Asheville, N. C.

[Written expressly for this Journal.]

Baron d'A., aged 36, presented himself with multiple adenoid tumors in the right maxiliary region, extending from the right ear downwards along the course of the great vessels of the neck. These tumors, which proved to be a fatty degeneration of the lymphatic glands, as well as could be determined, had been growing for some months. The patient, a splendid specimen of physical development, without the faintest suspicion of specific trouble, and an excellent family history. The glands (a half dozen or more) were removed, only to give place, within a few months, to others. These also were removed, the operation being tedious and difficult, as well as dangerous, as they were literally fastened to the sheath of the great vessels. Notwithstanding others made their appearance, and the outlook appeared gloomy indeed. The patient, a most intelligent gentleman, had asked me to try some alterative plan of treatment; but as the tumors were so distinctly local, without a suggestion of an inflammatory character, I from time to time put him off. After losing sight of him for perhaps a

fortnight, I encountered him one day with a swollen face and eyes injected, looking for all the world as if he had been in close communion with the "rosy god" for days. I discovered that the swelling which had filled the side of the neck and projected outwards into a deformity, had disappeared entirely. Having had occasion to treat cattle and horses for various diseases, he had discovered that arsenic was good for wind-broken horses and a powerful alterative generally, and had experimented with the same poison upon himself, using the liquor arsenici chloridi, a solution of arsenic in hydrochloric acid, the equivalent in strength of the liquor potassæ arsenitis. So he had taken for ten days, internally, from I to 2 drachms of this arsenical solution, for the most part of the time one teaspoonful, morning and evening, and one teaspoonful for the rest of the time.

EFFECTS.

Excrement green, brown-green, intensely offensive and sour, noticeable in both man and beast, otherwise the discharge being normal; urine cloudy for the first two or three days; no opportunity for chemical examination; quantity apparently normal; eyes injected and face generally puffed and reddened; nettle rash on body drying into scales with more or less itching; aching of testicles for two or three days; pustules on foreskin, with herpes extending on to the glans penis; noted more or less insomnia; increased activity of the salivary glands; body chilly; active life, undisturbed in any way; felt strong and in fine spirits; noticed softening of tumors on third day; at time of taking notes eyes remained in state of mild conjunctivitis; skin—some herpetic eruptions remaining on glans penis five days after leaving off treatment.

I expressed my surprise and delight, but admonished him of the danger; but, alas! in six months the tumors again made their appearance! They were removed in a hospital in Dresden little later, after a most formidable operation. He made a good recovery. I saw him within two months after the operation, and then made the unpleasant discovery that the tumors were again returning. I immediately advised him to keep as full of his arsenical preparation as he could tolerate, and he is now taking a double daily dose of 45 drops each, and the tumors have gone.

What is to be the result? 'Quien sabe?

Society Reports.

RICHMOND COUNTY MEDICAL SOCIETY—REGULAR MEETING, JUNE 7TH, 1893.

Dr. J. M. Covington in the Chair.

Dr. D. M. Prince, of Laurinburg, opened the discussion by reading the following paper on

DIPHTHERIA.

Diphtheria was recognized as a distinct disease as early as 580 A. D. Probably at an earlier date it was known, as a description of the tracheal and throat manifestations given by Aretæus leaves little doubt as to the nature of the affection. The first appearance of the disease in this country was in 1659, when Samuel Danforth lost the youngest four of his twelve children within a fortnight by the malady of "bladders in the windpipe." Samuel Bard, an American, in 1771 gave an account of the disease, describing the symptoms and sequelæ of all diphtheritic processes as identical, and asserting the infectious nature of the disease, and recommending isolation in its management. In June, 1821, Bretonneau gave the disease the name it now bears—Bland (1827) explains the difference between croup and diphtheria. Deslands declares them to be identical. Since then the profession has been divided as to the identity of the two affections.

Of late years the cause of this disease has been proven to be a micro-organism, and the Klebs-Loeffler bacillus, or bacillus diphtheriæ, is universally acknowledged to be the factor in producing primary diphtheria.

It is useless, in a paper designed simply to open a discussion, to go into the symptoms and diagnosis of diphtheria in detail. All of us know from experience what the general picture of the disease is. In the matter of diagnosis, there is but one positive method, and that is staining and the microscope. This is not absolutely unfailing, for mistakes are likely to arise from confounding some other bacillus with the Klebs-Loffler, and, in pseudo-membranous angina, a micro-organism is found which is identical with the true bacillus diphtheriæ in almost every particular.

Some account of this disease germ, I think, would not be out of place in a paper of this kind, so I take the liberty of repeating (what is familiar to all of you) a short history of the discovery and life of this all-important factor in the disease we are to discuss.

In 1884 Loeffler declared that a species of bacteria found frequently in diphtheritic membrane, and identical in its morphology and biology with the one described by Klebs the year previous, was the only one of any pathogenetic importance. He had some doubts, but subsequent researches by various investigators confirmed his views, and now all bacteriologists are agreed that the Klebs-Loeffler bacillus is the specific cause of primary diphtheria. "By these investigations it has been determined that the Klebs-Loeffler bacillus is present in all cases of primary diphtheria in the diphtheritic deposits; that it does not invade the blood or organs, or even the mucous membrane affected; that in susceptible animals the disease can be reproduced in all its features, even to the production of paralysis; that the constitutional symptoms, the paralysis and the changes peculiar to diphtheria in internal organs, are caused by a toxic albuminous substance, or substances, which have been separated in a condition approaching purity, and which are produced by the local action of the bacilli in the inoc. ulated animals as well as in cultures; and that by various methods a greater or less degree of immunity can be conferred upon susceptible animals, and that, under certain conditions, susceptible animals can be cured after inoculation with

virulent cultures." This is the accepted doctrine up to date. Some little doubt has been cast upon it, however, as late as April of this year. Abbott, of the University of Pennsylvania, has succeeded in finding the bacillus of diphtheria in the omentum of the Guinea-pig after injecting these animals with pure cultures of the bacillus in the abdominal walls and in the testicles; and at the Johns Hopkins Hospital the germ has been found in the lung substance of a case that died of pseudo-pneumonia during an attack of diphtheria. Welch says that these facts do not invalidate the present view, because in Abbott's case the injections were probably made directly into the lymph channels and the poison was carried rapidly into the omental tissue by the leucocytes; and in the Johns Hopkins case the tissue was in such close proximity to the smaller bronchi that a mistake could have been easily made. Howard, however, of the Johns Hopkins Hospital, reports a case of acute rheumatic endocarditis, where the bacillus of diphtheria was found in all of the internal organs. Cultures made from the kidney, spleen, heart, lungs and liver, gave bacilli identical in morphological and cultural properties with the Klebs-Loeffler bacillus, except that it failed to produce death in the animals experimented upon. According to the experiments of Roux, Abbott and others, the genuine bacillus diphtherize may occur devoid of pathogenetic properties in animals used for experiment, and therefore Dr. Welch contents himself with saying that, if Howard's bacillus is really the bacillus diphtheriæ, "we have the first recorded case of rheumatism due to this organism." Beyond this he does not go, except to ask the question, Is the fact that Howard's bacillus is not pathogenic to Guinea-pigs sufficient to separate it as a distinct species from the genuine Klebs-Loeffler bacillus? However this may be, we have this fact established, that the Klebs-Loeffler organism conforms to Koch's law, and a pure culture will reproduce the disease in a susceptible animal.

The Loeffler bacillus can be successfully cultivated in all of the ordinary culture media, but it grows more rapidly in a mixture of blood-serum and bouillon, with 1 p. c. grape sugar, 1 p. c. peptones and 0.5 p. c. chloride of sodium. "The bacillus is non-motile. It varies greatly in size and shape, averaging 2.5 mm, in length and 0.5 to 0.8 mm, in thickness. Its morphological characters are so peculiar as to render its identification on cover-slip preparations, and on sections from diphtheritic membranes, in most cases an easy matter. Sometimes appearing as a regular straight or slightly bent rod, with rounded ends. It is especially characteristic to find irregular forms, such as rods with one or both ends swollen, and very frequently rods broken at irregular intervals into short, sharply marked segments, either round, oval or with straight sides. Some forms stain uniformly, others in various irregular ways, the most common being the appearance of deeply-stained granules in a lightly-stained bacillus. Gram's method of staining is the one usually preferred. It is done in this way: The hardened tissue is transferred from an analine-gentian-violet solution to a solution of iodine in potassium iodide and water, and then to absolute alcohol. After this the specimen is cleared up by oil of cloves.

This, I believe, is all that is known of the disease. The blood-serum of immune animals is capable of destroying or nullifying the effects of the toxic albumens

of diphtheria, and this opens up a field for experiment in treatment that promises much. In the meantime not much advance has been made in methods of managing the disease. The old plan of sustaining the system with good food and iron, and of stimulating the failing heart offers better prospects than any other. A great deal, however, can be done in the way of prevention. Isolating cases, disinfecting the sputa and soiled articles about the patient and keeping the surroundings clean, will largely prevent the spread of the disease. Heat at 58 C., kept up for ten minutes, will destroy the bacillus. This can be easily applied at any house, and should not be neglected.

DISCUSSION.

Dr. Covington does not think that the bacillus is the sole cause of the disease. He has seen several malignant cases that could be very clearly traced to impressions of cold as an etiological factor. He thinks, also, that all inflammatory conditions of the throat are identical, differing only in intensity; that where the inflammation extends very deep into the mucous membrane the characteristic membrane is formed—a mere necrosis of the membrane. He discards the use of pot. chlorate, as too irritating to the kidneys, which are already in a hyperæmic condition. He finds great benefit from the use of belladonna in the first few days of the disease, and also from a good dose of calomel, as it seems to deplete the inflamed parts and prevents, in a measure, the rapid formation of membrane. He has used with varying degrees of success papoid, pepsin and lime-water as solvents of membrane.

Dr. Stansill had long since discarded pot. chlorate, and uses sustaining remedies, such as iron and quinine, and finds that the patients bear a large amount of alcohol, having seen cases that would bear alcohol like one bitten by a snake. He finds local antiseptic remedies, such as a saturated solution of chloral and glycerine, peroxide of hydrogen, lime-water and glycerine and carbolic acid of great benefit—has seen a very high fever very much reduced by the use of these remedies, and, as a proof of their efficacy, has seen cases where the high temperature returned immediately after these local remedies were discontinued.

Dr. Steele regards all inflammatory conditions of the throat characterized by membrane as diphtheria. He thinks in mild cases that the small follicles on and around the tonsils alone are involved, and in the more malignant form there is a diffuse membrane. He does not believe in local remedies except turpentine, and uses the usual sustaining treatment.

Dr. Garrett exhibited a case of syphilitic ulcer of the leg that yielded readily to specific treatment after resisting local applications for a long time.

Dr. Steele exhibited a case of multiple fibroid of the uterus in a white woman. Also a case of extensive burn, which was neglected and firm adhesions formed between arm and thorax from the axilla to elbow. He proposes to separate the adhesions and heal the denuded surface by Thiersch's method of skin-grafting.

Dr. Stansill exhibited a case of mitral insufficiency, after which the meeting adjourned,

FIRST PAN AMERICAN MEDICAL CONGRESS.

VICTORY GOTES AND BEAMS,

Dr. Albert H. Gihon, of the U. S. Navy, read a paper with the above title. While the supremary of Hygene is acknowledged, she demands more. A makeshift share in the climinist amon of the sanitary interests of the country had been gradgingly allowed, but the appropriate demands of modern enlightenment cannot be satisfied until the conservator of the public health shall sit a peer among the rulers. When he entered the Navy, nearly forty years ago, there was existing a total ignorance of sanitary provision in the service. The naval and military establishments have a migred the beams in their own eyes, but civil authorities are still blind to the necessity of intelligent sanitary supervision and direction, and graph for superconduction the dash-light of a pestilential visitation. He considers these spasmodic, tentative provisions only attempts to discover moles abroad, when the beams at home should first receive attention.

The preventable disease—tuberculosis—which kills more of the human race than circles, and yellow to a combined, is tolerated with no word of complaint by those wave would be decrebed to know that a single case of cholera had occurred within a mile to leeward of their homes. Syphilis had done more harm to mankind than all the diphtheria, typhoid, small-pox, measles and scarlet fever, which are so carefully isolated. The municipal authorities are urged to clean the streets, and they put that we put to work sweeping the surface dirt into piles for passing wheels to scatter and the winds to carry into open windows and people's faces. He urged the importance of prevention in the daily occurring preventable disease at the same time that all precautions are used to keep out foreign epidemics.

DELICES IN INFANT FEEDING.

Dr. Henry Dwight haven read a paper on this subject, which was a record of experience in the simplest composition of cow's milk to make it most acceptable to the infant stomach and digestion. The almost universal tendency to under-weight in act a tally a 00 infants among the poor is due principally to the nature and quality of the food that is administered. Milk of different ages should not be mined has is frequently done by unscrupulous farmers, and he urged the necessity for grante cleanliness in the handling of cows and milk on the farm and spinker tradsportation to the cities. Milk received in the early morning should be placed in a radio stand three hours and the top half only dipped out and used for infant-feeding. As to sterilizing, he condemns the storing of storily of min in four periods. While it will be kept from souring indefinit by by one my apply dons of high temperature, the milk becomes untit for months, language and the albuminoids undergo changes, sample some of leaf should be applied to keep the milk until a fresh supply can be obtained. Fliteen minutes heating in clean bottles stopped with cotton is generally sufficient. Clinical experience points clearly to the utility of dilumn to the milk clot. though Dr. Rotch states that the size of the cord depends upon the dilution simply, and not upon the nature of the dilutent. The presence of starch in this way may be deleterious, and he recommends that the pendadinated starch used be first treated with diastase, by which it is quickly split up into maltose and dextrine. Food thus prepared has given good results in the babies' wards. Babies from 4 to 12 months old, when losing weight on order multipole of feeding, have usually gained flesh and improved in every way on milk prepared with malt. One tablespoonful of malt is added to a pint of milk, which is irrested from twenty to thirty minutes, and then brought to the beging point. The milk is then cooled and diluted with water according to the age of the infant,

TREATMENT OF EXOPHTHALMS GOLLER.

Dr. A. D. Rockwell read a paper based on his experience in the treatment of a series of 45 cases. On theoretical grounds digitalis is not as useful as strophanthus, as the latter contracts the calibre of the arterioles to less extent than digitalis, thus putting less work upon the heart. His experience has not been favorable to quinine, strychnia or arsenic, and the iodides often do more harm than good. He was agreeably disappointed in the results obtained from digitalis, especially in combination with iron, ergot and bromide of zinc, as he had hesitated to use it on account of its stimulant and conic action. He regards the prognosis in this disease better than is generally believed with the rational use of the remedy that has been his main reliance-electricity. Unlike some of the other remedies, it can do no harm, even where it does no good. Gowers says that in many cases its use is followed by a distinct fall in the frequency of the pulse, and even by a diminution in the size of the thyroid. The failure to get good results has been due to the employment of far too weak currents, Gowers using only a weak galvanic current, and others only a strength of two or three milliamperes; much greater strengths should be used to over come the great resistance of the hide-bound body on light enough of the agent into the body to appreciably affect the parumo gastrie. These great currents cannot be used with small electrodes, and he ases large ones of sculptor's clay, applied both to the back of the neck (cilto-spinal centre) and over the solar plexus. He also employs general faradization, with, in many cases, fixed rules as to dietary and physical hygiene, and to these methods, coupled with a proper and rational use of drugs, he attributes his exceptionally good results.

Reviews and Book Motices.

Human Anatomy.—A Complete Systematic Treatise, by Various Authors, Including a Special Section on Surgical and Topographical Anatomy. Edited by Henry Morris, M.A. and M.B., London, Surgeon to and Lecturer on Anatomy, at the Middlesex Hospital, etc., etc. Illustrated by 791 Woodcuts, 214 of which are printed in colors from drawings made expressly for this work by special artists. Large octavo, 1286 pages. P. Blakiston, Son & Co., Philadelphia, 1893.

This most excellent work, but recently given to the profession, has already taken a high stand in public favor, and, in fact, so well has it been received, that several teachers of anatomy have signified their intention of making it their text-book. With the book before him. one finds it difficult to withdraw himself from studying its beauties long enough to express his admiration. Anatomy being an exact science, its study is necessarily tedious and devoid of interest to some, and while it is important that every effort be made to render it attractive to the student, mechanical excellence and beautiful illustrations are not all that go to make a desirable text-book upon this most important branch. The lamented Towles, of the University of Virginia, than whom no abler or more enthusiastic teacher of anatomy ever stood before a class, once said in a conversation with the writer, that he really thought it better for the student to have no illustrations, but that he should elucidate the text in the dissecting hall. Acknowledging the truth of this where the student is likely to neglect the latter indispensable part of his education, it is impossible for him to carry his specimen into his study-room, and good illustrations are an invaluable aid in bringing vividly to mind what has been seen upon the dissecting table, even months and years afterward. But the volume before us has that other necessary quality – the text is clear and exact.

As stated in the title, the different subjects have been written by separate authors, each of whom has paid special attention to the part assigned him, and in some cases the proofs have been submitted to the several authors for suggestions.

In the section on Osteology each bone has represented upon it, in red and blue lines, the origin and insertion of the muscles attached to it, and the attachment of ligaments is represented in dotted lines, the former aiding materially in studying the action of the muscles.

The section on the Nervous System, by St. John Brooks, deserves especial notice. The descriptions are explicit and intelligible, and it is richly illustrated. The cuts are made from specially prepared drawings, showing *many new sections of the brain.

Section X., on Surgical and Topographical Anatomy, by W. H. A. Jacobson, is also worthy of particular notice, being the part which will prove especially useful to the general practitioner. This section covers about 150 pages. The illustrations show remarkably beautiful dissections, and display accurately the relations of cords, muscles and viscera to the bones and to each other.

The volume bears evidence of much careful labor, and is a work of unusual merit, which deserves, and will doubtless attain, a foremost position among text-books, and as a book of reference for the practitioner.

Brain Surgery.—By M. ALLEN STARR, M.D., Ph.D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, Medical Department of Columbian College, New York; President of the New York Neurological Society, etc. With 59 Illustrations. Octavo, 308 pages, extra muslin. Price, \$3.00. New York; William Wood & Co.

The author says in the preface: "It is the object of this book to state clearly those facts regarding the essential features of brain diseases which will enable the reader to determine in every case both the nature and the situation of the pathological process in progress to settle the question whether the disease can be removed by surgical interference, and to estimate the safety and probability of success by operation." Those who have had the opportunity of hearing Dr. Starr's lectures before his class will recall the fact that he brings out with wonderful clearness the obscure points in the diagnosis of nervous diseases. If he is explicit in his lectures, he is no less so in his writings.

Brain surgery is rapidly reaching that stage where it deals with positive results. The author has undertaken to bring together and sift the scattered facts, found in the enormous amount of literature upon this interesting branch of surgery that has been published within the past ten years, and deduce from them such conclusions as seem warranted by a critical study, based upon a not inconsiderable personal experience.

The ten chapters of the book treat of Diagnosis of Cerebral Disease; Trephining for Epilepsy; Trephining for Imbecility Due to Microcephalus; Trephining for Abscess of the Brain; Trephining for Tumor of the Brain; Trephining for Hydrocephalus and for the Relief of Intracranial Pressure; Tre-

phining for Insanity; Trephining for Headache and Other Conditions; The Operation of Trephining.

A New Illustrated Dictionary of Medicine, Biology and Collateral Sciences.—Dr. George M. Gould, already well-known as the editor of two small Medical Dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. Every scientificaminded physician will also be glad to have defined several thousand commonly used terms in biology, chemistry, etc.

The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume.

The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete, would make it unreliable as an exhaustive work of reference.

The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book. Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx, By Carl. Seiler, M.D., Instructor in Laryngology and Lecturer on Diseases of the Upper Air Passages in the University Pennsylvania, etc., etc. Fourth edition, thoroughly revised and greatly enlarged. Illustrated with two Lithographic Plates, Containing Ten Figures and 107 wood engravings. Cloth, 8vo., 412 pages. Philadelphia: Lea Bros. & Co., 1893.

The same favorable reception which was given the first three editions of this valuable little handbook, will doubtless be accorded this one. The volume has been improved by the addition of several important chapters, among them one on the author gives his reasons for considering these diseases as different, and a new chapter on Intra-nasal Neoplasms. The chapter on Laryngoscopy and Rhinoscopy is well written and will prove of inestimable service in acquiring a useful skill in this method of diagnosis. It is illustrated by numerous cuts showing the various images produced, and by two valuable lithographic plates, showing different pathological conditions of the larynx and pharynx. The volume is convenient in size and will prove a useful aid to the busy practitioner who desires to gain a valuable suggestion on cases of this nature without unnecessary reading.

Hydrotherapy at Saratoga.—A Treatise on Natural Mineral Waters, by J. A. Irwin, M.A., Cambridge, Eng.; M.A., M.D., Dublin University; L.M., College of Physicians, Ireland, etc., etc. Cloth, 12mo., 270 pages. New York: Cassell Publishing Co., 1893.

The author desires to establish among educated readers a correct and unprejudiced valuation of mineral waters generally, and those of Saratoga in particular. He desires to place hydrotherapy upon its true scientific plane and remove it from the atmosphere of quackery. The book is beautifully printed in large type, liberally leaded, with wide margins. It is easily read and as easily understood. It is for the laity especially, and a wood-cut of the author faces the title-page.

An Introduction to the Study of Diseases of the Skin. By P. H. PYE-SMITH, M.D., F.R.S., F.R.C.P., Physician to the Department of Cutaneous Diseases in Guy's Hospital, London. In one handsome 12mo. volume of 407 pages, with 28 illustrations, 18 of which are colored. Cloth, \$2.00. Philadelphia: Lea Brothers & Co., 1803.

Dr. Pye-Smith, as physician in charge of the department for cutaneous diseases in Guy's Hospital, has had abundant opporunity for mastering the subject of which the volume before us treats, and he has made his descriptions as nearly as possible an epitome of his experience. An interesting feature of the work is the manner of showing the distribution of various diseases in colors, the reader seeing with a glance at the figure the different portions of the body affected. The parts more severely affected have a deeper coloring. Especial attention has been given to treatment, which has been made very plain and practical.

An appendix of formulæ gives the various preparations suggested in the text, but on account of these not being referred to in the index, it is difficult to find any special one.

Transactions of the Southern
Surgical and Gynæcological Associa

Surgical and Gynæcological Association. Vol. V. Fifth Session. Held at Louisville, Ky., Nov. 16, 17 and 18, 1892. Published by the Association.

We are in receipt of the Transactions of the Fifth Annual Meeting of this

important Association. The volume is a handsome royal octavo, of four handred and seventy-five pages, bound in muslin, with gilt top. The many excellent papers read at this meeting and appearing in the volume have been produced from time to time in the various medical journals of the country. The volume the most of the papers are a credit to the Association.

Thores or practice.

Treatment of Dandruff:

We have found the following useful in many cases:

In Whooping-Cough, Theodose (Archiv. fur Kimeerla distribute) as a mail cation used chiefly a combination of bromoform and antipyrin. He also used extract of hyoscyamus. The mortality in 353 cases was small, except in children under three months.

The following pleasant purgative is recommended for children by Dr. C. H. Smith (*Brooklyn Medical Journal*):

For chronic constipation, Dr. Delafield prescribes the following pill:

Pulv. ipecac,
Ext. belladonne,
Ext, colocynth co., aa, gr. \{\frac{1}{4}}.

M. Ft. pil. No. j.
Sig. Four pills daily at first, then
three and afterwards two.

For ringworm, paint with a saturated solution of salicylic acid in collo-

dion. It is said that one painting is enough.—Brooklyn Med. Jour.

Treatment of Certain Forms of Acne Rosagea.—Professor Petrini (La Roumaine Médicale, May, 1893) recommends the following application in the treatment of acne rosacea:

This mixture is painted over the diseased parts, all pustules present having been previously opened for three successive days. After five to six days the applications are repeated as before.—

Amer. Jour. of the Med. Sci.

To dissolve a hypodermic tablet quickly, after the tablet has been introduced jnto the syringe containing 10 or 12 minims of water, invert the syringe and drive out all air, then, placing the finger over the end of the syringe, withdraw the plunger. This creates a vacuum and the air in the tablet in trying to escape lifts the tablet to the top of the water and bursts it to pieces. Try it, doctor, and you will save many shakes and give your patient more prompt relief.

Dr. Davis thinks cold the best of all modes in reducing fevers, and that anti-pyretic drugs are only of value as nervous sedatives.

Dr. V. P. Gidney (Polyclinic) claims most excellent results in sprained ankle from adhesive strips applied to the foot and ankle. He thus describes a typical case: "A young lady with low-quarter shoes jumped out of a buggy and sprained the left ankle very badly. I saw her three hours after it happened, and her ankle and foot were dreadfully swollen and very painful. I ordered the application of hot water and hot fomentations, which were kept up continuously. The pain, however, was so bad that I had to inject one-fourth grain morphia sulphate at bed-time. The fomentations were continued all next day (Saturday). Sunday, about noon, I visited her, and found her leg, ankle and foot very much reduced in size, but still so very painful that I determined to try my straps and bandages. Armed with a roll of rubber adhesive plaster, one inch wide, I began to strap my patient's limb in the following manner: My first strip began at the inner side of the heel, crossed the foot obliquely, and ended under the foot at the base of the little toe. My next strip began at the outer side of the heel, crossed the foot and the other strap, and ended at the base of the big toe under the foot. I then continued this strapping, overlapping about one-fourth inch each prévious strap, until I had the whole foot, ankle and lower part of her leg completely enveloped. I then applied a cheesecloth bandage over the whole to make the plaster adhere more closely and prevent the stocking from sticking to it. I then had her stocking and an old shoe put on and well laced up, and told her to get up and walk. There were half a dozen ladies in the room at the time, and I think they all thought I was crazy; for ten minutes before the foot could not be moved without my patient screaming. I insisted upon her getting up, and she did so. I told her to walk across the room and back, which she did without even limping. I then told her to dress and go where she wanted to. On Tuesday she went home, the sprain giving her no more trouble. I told her to wear the straps for three weeks, and then remove two every day until all were off. This treatment was so entirely successful and satisfactory, that I hope all my brother doctors will try it, for I am sure they will be pleased with the result.

CLASS-ROOM NOTES.

In cases of Excessive Emissions
Prof. Hare thinks that all irritations of
the bladder or of the whole genitourinary system should be removed. He
has found it beneficial to administer 20grain doses of potassium citrate three
times a day, by which the urine will be
rendered alkaline and non-irritating.

In cases of Congestive Headache Prof. Hare says hot mustard footbaths will be found of great value; a mustard-plaster or cup, if applied to the nape of the neck, will often give great relief, while again an ice-bag applied to the head, or leeching behind the ears or on the temples, may be required in severe cases

Prof. Hare says that after the first eighteen months from the attack of *Syphilis* the iodide of potassium is generally indicated, and in the form of the mixed treatment. He recommends the following formula:

R.—Potassii iodidi.... 3 ij— 3 ss.

Hydrargyri chloridi corrosivi...gr. ss.

Syrup. aurant, cort. f 3 j.

Aquæ dest. q. s. ad. f 3 ij. M.

Sig. Teaspoonful three times a day.

—Coll, Clin, Record,



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NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D., J. ALLISON HODGES, M.D., Editors and Proprietors.

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Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

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Editorial.

PAN-AMERICAN MEDICAL CON-GRESS - HELD IN WASHING-TON, D. C., SEPTEMBER 5TH, 6TH, 7TH AND 8TH.

To Dr. Charles A. L. Reed, of Cincinnati, the Secretary-General of the Congress, belongs the great credit for the success of this first attempt to bring into personal contact the Profession of the Americas. Dr. Reed labored with unceasing energy for the success of the Congress, and was ably seconded by the Committee of Organization,

There were present about 1,500 physicians, from all parts of North, Central and South America, the Hawaiian Islands and the West Indies, with a few from Great Britain and the Continent.

The Congress was opened by a short address from the President of the United States, an address of welcome, the report of the Secretary-General and the President's address.

The Congress was divided into twentyone sections, and each section was crowded for time in reading and discussing papers, and it will require several thousand pages of the Transactions to reproduce them. The scientific work of the Congress was fully equal to that of other large bodies, and we regret that space does not permit in this issue more than an analysis of a few of the many excellent papers, which will be found on another page.

The next Congress will be held in the city of Mexico, under the Presidency of Prof. Rafael La Vista, President of the University of Mexico, the year to be fixed later, but probably 1898.

THE NEW PHARMACOPCEIA OF THE UNITED STATES.

The seventh decennial revision of the Pharmacopæia has appeared and is a cause for congratulation, both to the profession at large, who will use it, and Editorial.

to those gentlemen who have worked so well and so assiduously in perfecting it. This new revision becomes official on January 1st, 1894, and will then supersede the preceding one. Time is thus given for becoming acquainted with the changes that have been adopted.

One of the questions which troubled the revisers was what should be done with the new preparations, which, though manufactured under a patented process, or dispensed under copyrighted titles, were in daily use by all the physicians in the land. Should no mention be made of these many and very useful agents? The dignity of the American profession could not be lowered by giving these preparations a place along with official drugs; but could not the difficulty be overcome by making an appendix in which they might be described? These questions were discussed at length at the National Convention with the highly proper result that the unclean things, defiled by patent and copyright, have been utterly ignored.

Eighty-eight articles have been added and ninety dismissed. Among the articles added are Acetanilidum, Alcohol Absolutum and Deodoratum, Aquæ Hvdrogenii Dioxidi, Caffeina Citrata and C. Citrata Effervescens, Cocainæ Hydrochloras, Eucalyptol, Menthol, Pepsinum, Pancreatinum, Pillulæ Catharticæ Vegetabiles, Salol and Strophanthus; also the Salts of Strontium; while in the list of articles dismissed we notice all the Abstracts, American Hemp, Solution of the Citrate of Iron and Quinine. Inspissated Ox-gall and Cantharides Paper, Fifty-seven changes in official Latin titles have been made, among them, Hydrargiri Iodidum Viride to Hydrargiri Iodidum Flavum, Aqua Rosæ to Aqua Rosæ Fortior, Chloroformum Purificatum to Chloroformum, the mixtures of Ammonia, Almond, Asafætida and Chloroform become *Emulsions*—Emulsum Amygdalæ, etc. The English equivalents of these, of course, undergo parallel changes, while there are numerous other changes in the English titles, the basic radical being placed first in naming salts, e. g., sodium carbonate instead of carbonate of sodium.

An important feature in the present revision is the exclusive use of the metric system of weights and measures with no translation into the English system. Solids are directed to be weighed and liquids measured, except in a few instances.

It is to be hoped that all physicians and druggists will procure a copy of the Seventh Revision, and will make an effort to familiarize themselves with, and put into use, the new system of weights and measures, which, after the slight inconvenience involved in learning it, will prove as much more convenient than the old system as our system of dollars and cents is than the pounds, shillings and pence. Let the physician memorize the doses of a few every-day drugs in metric system, and carry in his pocket a table of doses of all drugs for easy reference, and he will have but little trouble in writing his prescriptions. And if druggists will supply themselves with the proper weights and measures they will find these prescriptions as easy to compound as those written in ounces, drachms and grains.

Messrs. P. Blakiston, Son & Co., Philadelphia, are the agents of the committee.

APPENDICITIS IN THE NEGRO.

In the *Medical News* of September 2d, one of its contributors, name not mentioned, who had had his share of cases of appendicitis, could not recall, nor could he learn of any one of

Editorial.

his Southern confrerés who had seen the trouble in the black man. He says: "In days gone by, when I was in general medical practice, and living in a population where there were large numbers of negroes, I do not think I have ever met, and I am certain I never recognized, a single case of disease in the region of the colon in the black man. This is a fact of which I have not seen any mention; and since the operation has been performed oftener at the North than at the South, it is questionable whether it has been thought of by any surgeon there."

In the issue of October 7th, of the above-mentioned journal there appear three communications from Atlanta, Ga., Shubuta, Miss., and Columbus, Ohio, all recounting cases of undoubted appendicitis in negroes. In one instance a negro woman was undergoing an operation for a different disease, and the appendix was found inflamed and containing what appeared to be a fecal concretion.

Out of four cases that the writer has seen two were in negroes—a man and a boy. Both these cases were seen after general peritonitis had set in, one dying and the other recovering.

The negro is doubtless as subject to the disease as the white man, but they leave their cases more often to nature, and therefore the surgeon sees less of them. But if all the surgeons of the South were to report the cases they have met with in the negro, it would probably require a large volume to contain them.

YELLOW FEVER

At the time the last issue of the Journal went to press, we announced that there had been no case of yellow fever in Brunswick for a period of more

than three weeks. This long cessation quieted the fears of the quarantine officials of the South Atlantic cities, which had established quarantine against Brunswick, and the quarantine was raised and the inspection officers withdrawn. However, in less than forty-eight hours, quarantine was again declared, for on the 13th of September Surgeon John Guiteras reported to Surgeon General Wyman the death of a German shoemaker from yellow fever; and later, the death of a Norwegian. The former case had not been seen by Surgeon Guiteras during life, and the nature of his disease was revealed by post-mortem. In the latter case the physician in charge had given a certificate of death from consumption.

From this date the fever has continued to spread, the number of cases reported daily growing continually larger. Reports for the 11th of October show 34 new cases and 2 deaths. Recapitulation: Cases under treatment, 208; discharged, 92; died, 18; total, 318. The epidemic has been, and still is, of very mild form, the death-rate being only 5.6 per cent.

The fever was carried to Jekyl Island, near Brunswick, by a man who returned to Brunswick between the first and second outbreaks for some household effects. The man contracted fever and several members of his family were also affected. Refugees from Brunswick, before the readiness of Camp Detention, have scattered the infection among the towns in the vicinity of Brunswick where they had not established quarantine. On October 1st one death was reported from Jesup, although that town had quarantined against Brunswick. On the third an official inspection was made of Jessup and 6 new cases, with 1 death, were reported.

From the daily press despatches, the

condition at Brunswick is very distressing, not due, however, to the fever directly, but to the fact that all the wealthier classes have left the city, and those who remain have no means of obtaining the necessary provisions to keep starvation from their doors. While some contributions in money and in kind have been made, they fall far short of being sufficient to supply those who are absolutely suffering for food. This state of semi-starvation in which the people are existing so depreciates their vital forces as to render them more liable to

be attacked and more likely to succumb to the disease after being attacked.

The brave and faithful physicians who are remaining steadily at their posts of duty to do what they can to alleviate the sufferings of their stricken fellowmen should be accorded all praise, for they are working for humanity's sake and from a sense of duty, and not for the hope of reward, for those who would have had the means of remunerating them have fled from the plague, and their services are given freely to the poor and destitute.

Mecrology.

EDWARD WARREN BEY.

Dr. Edward Warren Bey died at his nome, in Paris, about the middle of September.

Dr. Warren was a native of Chowan county, and during the time of his practice in this State he was one of the most conspicuous members of the profession. His chosen profession was law, but in deference to his father's wishes he attended the medical course of the University of Virginia, from which institution he graduated with honor. He returned to this State and entered into practice with his father, Dr. William C. Warren.

He became a member of the Medical Society of the State in 1854, of which body he was First Vice-President in 1857-'58. When, in accordance with a resolution passed at the meeting in 1857, the Society decided to publish a medical journal, Dr. Warren was unanimously elected as the editor of the journal, which was called *The Medical Jour*

nal of North Carolina. He continued to fill this position until he accepted a call to a chair in the University of Maryland in 1860, when he resigned. He had tendered his resignation after the first year of the publication of the Journal, but the Society declined to accept it.

Soon after the beginning of the war between the States, Dr. Warren was appointed Surgeon-General of the State of North Carolina, and in 1863 published An Epitome of Practical Surgery, for Field and Hospital. This volume was intended as a vade mecum for the Surgeons of the Confederate Service, with the view of supplying a work on Surgery that was practical and concise in character.

After the close of the war he was appointed a Surgeon in the Egyptian Army, where his services in a case of a strangulated hernia in the person of the Khedive's family, gained for him the confidence and respect of the Khedive, who conferred upon him the title

of Bey. He removed from Egypt to Paris a few years afterward and entered into private practice among the American colonists in that city, which was very successful, and continued till the time of his death.

In an editorial of the 20th of September, the *Charlotte Observer* says:

"With the death of Dr. Edward Warren Bey, a notable figure passed from among men—one who deserves as a text for his biography that chosen for the Napiers: 'Fierce warres and faithful loves.' His life was, of necessity, one of conflict, even with himself. His ambitions were lofty, and every consideration, save those of honor and duty, were secondary to their achievement.

"His success in medicine was conspicuous, and in its practice he was not chained down by the ideas and advances of others. Gathering to himself the advanced thought of the medical world, on it he builded for himself.

"To Dr. Warren the world is indebted for the hypodermic method of administering remedies. It was his acute intellect that saw the possibilities of the hypodermic syringe, and throughout the civilized world suffering owes a debt of gratitude for relief to the genius of this eminent North Carolinian, whose dust, like that of so many of her sons, finds rest beneath alien skies."

WILLIAM BEVERLY TOWLES, M.D.

It is with deep and unfeigned sorrow that we announce the death of Professor W. B. Towles, of the Medical Department of the University of Virginia. He was a man who was held in the highest esteem and respect by the students who sat under him, and who took the liveliest interest in the members of his class. While his manner was almost stern during his lectures, and commanded a strict observance of the

respect that was due him, outside of the class-room he was pleasant and approachable in a charming degree. He knew the members of his class personally and won their individual friendship.

As a teacher of anatomy, we doubt his ever having had a superior. It would have been impossible for a man of any intelligence to hear his lectures without absorbing some knowledge of the subject. He was an ardent student of his branch, a skillful dissector and a clear, practical teacher. He assured his class that he would never ask in his examinations any question which he had not demonstrated upon the cadaver.

The University of Virginia has suffered a severe blow in the loss of one so loyal and so able, and it was especially unfortunate in that it came upon the very day of the opening of the session. The subjoined action of the Faculty of which Prof. Towles was a member, is fittingly expressive of their estimation of his worth. As one of his admiring students, we mingle our tears with those of his host of friends, and bemourn the fate that cut short a career so full of promise and usefulness; and to his afflicted family we offer our most heartfelt and respectful condolence.

IN MEMORIAM.

William B. Towles, late Professor of Anatomy and Materia Medica in the University of Virginia, was born March 7th, at Columbia, Fluvanna county, Va.; entered this University as a student of medicine October 1st, 1867, and was graduated with the degree of Doctor of Medicine in June, 1869. On October 1st, 1872, he returned to the service of the University as Demonstrator of Anatomy, and on the death of the revered and lamented Dr. John Staige Davis, in 1885, was appointed his successor. He died September 15th, 1893, upon the

opening day of the seventieth session of the University, after an illness of a few hours.

His one and twenty years of service form an epoch in the teaching of Anatomy in this University and in America. The accuracy and abundance of his knowledge, the ardor and luminousness of his exposition, his skill in selecting and his felicity in expressing the salient truths of his science, conquered the confidence of his students, roused their interest and attention, and powerfully impressed their memories.

In his intercourse with both colleagues and pupils he was frank, bold and direct. Loyal to his friends and generous to the verge of profusion, indulgent to the frailties of youth and inexperience, but governed always by the highest sentiment of honor, he attracted the love of his pupils and the regard of his equals, and maintained from all the respect due to his robust intelligence, his manly nature and his warm heart. His friends

and colleagues in the Faculty of the University of Virginia do therefore resolve.

- r. That they mourn the death of their late associate both as a personal bereavement and a public loss, and desire hereby to put on record their sense of his unsurpassed powers as a teacher, and his noble qualities of mind and heart
- 2. That they extend to his afflicted family their profound sympathy in the dispensation of Providence which has taken from them brother, husband and father, and invoke for them those celestial consolations which alone are able to alleviate their grief.
- 3. That these resolutions be spread upon the minutes, and that the Chairman of the Faculty be requested to transmit a copy to the family and to cause them to be published in the Richmond and Charlottesville papers.

University of Virginia, September 20, 1893.

Miscellaneous Items.

A Good Opportunity

for all the readers of the JOURNAL to add to their office decorations a beautiful and historic engraving, will be found in the following

SPECIAL OFFER:

An elegant engraving of Dr. Harvey Demonstrating to Charles the First His Theory of the Circulation of the Blood, will be mailed, free of all cost, to any new subscriber sending Two Dollars in advance, who will also receive the JOURNAL to December, 1894.

To any old subscriber who sends a

new subscription, paid in advance, we will mail the engraving free.

To paid-up subscribers we will mail the engraving for *One Dollar*, and to any other person for *One Dollar and a Half*.

The size of the engraving is $22\frac{1}{2} \times 17\frac{1}{2}$ inches, mounted on heavy board 24×32 inches. It is an elegant work of art, after the celebrated painting by Robert Hannah.

The price must accompany the order in every instance.

Read the next number of the JOURNAL, It will be specially interesting.

As a result of the elections of the county boards of health on the 4th of September, we notice the following new Superintendents of Health:

*Alleghany, *Cabarrus, Carteret, *Chowan, *Clay, *Dare, *Davie, *Gates, *Graham, Guilford, *Harnett, *Hertford, *Jackson, *Jones. *Midison, New Hanover, Orange, *Perquimans, *Person. Pitt, Richmond, *Rockingham.

Wayne,

Dr. C. G. Fowlkes, Topia. " R. S. Young, Concord.

" G. N. Ennett, Cedar Point.

" R. H. Winborne, Barnitz.

" George T. Hine, Warne. "W. H. Peterson, Manteo.

"James McGuire, Mocksville.

"I. W. Costen, Gatesville

"M. T. Maxwell, Robbinsville.

"A. R. Wilson, Greensboro. A. R. Wilson, Greenson.
R. B. Wilson, Bunns Level.
J. M. Tayloe, Union.
W. F. Tomkins, Webster.
R. A. Whittaker, Trenton.
J. K. Hardwicke. Marshall.
P. L. Lawatt Wilmington.

" R. D. Jewett, Wilmington.
" C. D. Jones, ————. " J. T. Smith, Hertford.
" C. G. Nichols, Roxboro.
" W. H. Bagwell, Greenville.
" J. M. Covington, Rockingham. "D. W. Courts, Reidsville.

"A. E. Lydey, Calhoun.

"P. E. Hines, Raleigh. *Transylvania, Wake, (To begin Sept. 3rd, 1894.)

"W. J. Jones, Jr., Goldsboro.

"J. W. White, Wilkesboro.

*Wilkes, In those counties marked with an asterisk, boards of health have just been organized. This shows quite an increase in the interest in health matters by the physicians, and the advantage of the new system of having the Secretary of the State Board notify all persons eligible to membership on county boards of the time of meeting.

Dr. L. M. Wharton has removed to Fayetteville, N. C. We understand that Fayetteville is also to number among its corps of physicians Dr. L. L. Sasser, of

Dr. W. G. Christian has been appointed to the Chair of Normal and Surgical Anatomy and Operative Surgery in the Medical Department of the University of Virginia, made vacant by the death of Prof. W. B. Towles.

Dr. J. Allison Hodges, of the Editorial Staff of the Journal, has removed his residence to Richmond, Va., where he will enter into practice and fill the Chair of Anatomy in the new College of Physicians and Surgeons of that city. We learn that the College opened with 70 matriculates-an exceedingly promising outlook.

Messrs, Sharpe & Dohme have removed their general offices from Baltimore to New York, and all orders, remittances and other communications should be addressed to them at 41 John Street, New York. The large increase in their export trade and the greater advantages offered by the Metropolis for the prompt and satisfactory disposition of business have decided them in this matter. There will be no change in the personnel of the firm, and it will continue to be a Southern concern, the large laboratories remaining in Balti-

Readina Motices.

"PARALDEHYD" possesses many of the good, without the evil, qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page 8) which is an elegant preparation.

HERPES ZOSTER.-Dr. Ohmann Dumesnil, in a valuable article on Herpes Zoster, in the Quar, Atlas of Derm., recommends Peacocks Bromides as a nerve sedative when the prodromic symptoms appear.

W. R. French, M.D., of Senatobia, Miss., writes under recent date: "As an anodyne and febrifuge, I have used in combination Antikamnia and Norwood's Tincture with the best results, and in bowel complaints the addition of Opium, Camphor and Tannin to Antikamnia has yielded me great satisfaction."

THE Virginia Pharmacal Co., of Richmond, while a comparatively new house, is composed of members who have had many years experience. We are glad to note the growing popularity of this Southern house, and would call special attention to their attractive advertisement facing pages 2 and 3 of this issue.

TRUE Hypertrophy of the Prostate is a disease of old age, and one of the troublesome and annoying conditions that but few old men are free from. After 55 years of age most men suffer with hypertrophy of the prostate. It seems to be one of the idiopathic conditions of old age. It may always be relieved and the enlargement rendered less troublesome by the use of Sanmetto-teaspoonful four times a day.—Charlotte, N. C., Medical Journal.

MALT EXTRACT.—Extract of Malt is no longer an official preparation-at least it will very soon not be, as it is one of the dismissed articles from the Seventh Decennial Revision of the U.S. Pharmacopæia. Why this is "thusly," when it is an article of so much therapeutic value and so largely used, it is not within our province to say, looks to us as if the Revising Commitree were either perfectly satisfied with the quality of the present commercial supplies, or that they despaired of describing or defining the product in such a way as to permit of easily-applied tests for limitation and verification of the standard by the ordinary druggist, If the former supposition be the correct one, we surmise that Parke, Davis & Co.'s Extract of Malt was one of the brands on the market that they found to correspond to every test, both as to diastatic strength and palatability.

Extract of Malt (P. D. & Co.) will prove itself an efficient agent wherever the natural fluids are showing themselves to be unable to accomplish starch conversion, and its present high standard of activity in this direction may be depended upon, even after the official guardianship of the Pharmacopæia is dissolved.

INGLUVIN is the name given to a preparation made from the gizzard of the domestic fowl. It is a yellowish, gray powder of a faint odor, and almost de-. void of taste. It is insoluble in water. Ingluvin is put up by its manufacturers (Messrs. William R. Warner & Co., of Philadelphia) in 5-grain tablets. Ingluvin is compatible with alkalies. Its virtues reside in a peculiar bitter principle which enters into its composition. It is prescribed in the same doses and combinations as pepsin. Ingluvin was introduced to the notice of the medical provision about 18 years ago. It is of special benefit in the relief of sick stomach. This substance may be given with success when vomiting depends upon organic affection of the stomach, as in acute and chronic gastric catarrh and in gastric ulcer. Nausea, due to disease of other abdominal or pelvic viscera, as rhe liver, kidneys, uterus and ovaries, is likewise relieved by the administration of this remedy. It allays the gastric irritability which accompanies tabes-mesenterica and marasmus. Vomiting produced by over-indulgence in liquor has been subdued by its powers. It has been found of advantage in cases of sea-sickness, and in the relief of the gastric irritability of bottle-fed babes. Its peculiar province, however, is alleviation of the vomiting of pregnancy, in which it approaches the character of a

Ten grains I found generally a sufficient dose. In some instances 20 grs. were required, while in the milder forms of indigestion a 5-grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.— Ino. V. Shoemaker, A.M., M.D., Medical Bulletin.

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It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICA-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested,

when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

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ESTABLISHED 1878.

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Medical Society of North Carolina.

Official Organ:
South Carolina Medical Association.

ROBERT D. JEWETT, M. D.,

J. ALLISON HODGES, M. D.

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Laboratory, 28 Prince St., New York.

A WORD

-on-

MALT EXTRACTS

tom for our malt products.

The Physician's province is not in- Our Malt Preparations are Medicinal vaded by the solicitation of lay cus- Products to be dispensed by the Pharmacist as the Physician shall prescribe.

A malt extract, properly speaking, is both a nutritive and a digestive-nutritive be cause of the presence in it of a large percentage of digested starch; and digestive by virtue of the diastase it contains. It should be remembered that in the administration of pre digested foods the stomach is entirely relieved of the labor ordinarily incident to digestion, and the assimilation of the full quantity of nourishment introduced into the alimentary canal is thus assured. Malt extracts, as regards their digestive power, are valuable or not, according to the care exercised in their manufacture and the amount of diastase which they contain. This, fortunately, is a matter capable of easy determination by estimating the action of a given quantity of any sample upon starch, under conditions similar to those which prevail during natural digestion.

We have devoted much time and study to the subject of digestives and their manufacture, and in introducing to your attention our malt extract we do so with the positive knowledge that it is at once a more active digestive and concentrated nutrient than any similar preparation now on the market.

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ANNUAL DISCUSSION: RHEUMATISM.

BY D. T. TAYLOE, M.D., Washington, N. C.

Read before the North Carolina Medical Society, May, 1893.

My first and pleasing duty this evening is to acknowledge the honor which has been conferred upon me. To be selected leader in debate by this Society is one I most heartily appreciate. I have chosen for my subject *Rheumatism*.

There is perhaps in the catalogue of human ills no disease more interesting to the practitioner than rheumatism. The immense suffering inflicted on its unfortunate victims, the weary hours of torture during its cruel reign and the lasting decrepitude which is often left as a mark of its ravage, has long rendered this disease a theme of discussion by our profession. It is described as occurring in three forms, viz: the acute, the sub-acute and the chronic. The three forms have originally the same causation.

Acute rheumatism or rheumatic fever commences with a feeling of cold succeeded by unusual heat. These symptoms are followed by pains in different parts of the body, especially the limbs. The pains increase in severity and are soon localized in the joints, which become swollen and sensitive. The inflamed joints, which give rise to the suffering of acute rheumatism, forms the most prominent characteristic feature of the disease. It is confined generally to the large joints. The inflammation shows a marked tendency to shift from joint to joint; febrile symptoms are marked; the pulse and respiration are increased in frequency; the temperature varies from 100° to 104° F., but has no distinctive

range. The general course of fever is remittent, rather than continued. The duration and severity of the fever correspond very much to the duration and severity of the local inflammatory attacks. The patient is never free from pain or fever.

The skin is very active in acute rheumatism, usually bathed in a profuse perspiration, which is a source of much general discomfort, having a sour, disagreeable odor and an acid reaction. The naturally alkaline saliva is also acid. The urine is hyper-acid, scanty, high-colored, and on standing throws down a copious deposit of urates. Its specific gravity is high, and it contains an increased quantity of urea. The bowels are constipated, the tongue is coated with a thick white fur, the appetite is gone, there is considerable thirst, and the patient's condition, when the disease is fully developed, is pitiable in the extreme. He lies on his back, unable to move, the least effort to do so causing intense pain. The perspiration trickles down his face, but he cannot wipe it away. Even the weight of the bed-clothes cannot be borne. He dreads the approach of his friends, screams with agony at the least touch. His expression is that of intense suffering and abject helplessness. He gets no rest. His one desire is to have some relief from pain. The disease varies in duration from a few days to two or three weeks. During its course there is a tendency to inflammation of the structures of the heart. This constitutes the chief danger and anxiety of the illness, for it is only in exceptional cases that the heart, when once affected, is not permanently damaged, while in not a few the cardiac inflammation proves directly fatal in its acute stage. The great majority of cases of acute rheumatism recover. The prognosis therefore is favorable. In some cases, fortunately very few, the temperature runs up to 106° and 108°. With this high temperature there are associated alarming nervous symptoms. This constitutes that form of the disease to which, from its fatality, the term "malignant" has been applied.

Sub-acute rheumatism is a milder form of the same disease and presents the same symptoms and features in a minor degree. Chronic rheumatism is a name which is loosely applied to many ailments not really of rheumatic origin. Almost any obscure and obstinate pain, which is not traceable to some other agency, is apt to be attributed to chronic rheumatism. Chronic rheumatism, properly so-called, is a milder form of the sub-acute variety, in which there is not sufficient local inflammation to lay the patient up or to raise the temperature. The nature of the changes which take place as the result of the action of the rheumatic poison has been a matter of some difference of opinion. The point on which opinions differ is as to the nature of the inflammation. It has been regarded by some as differing from ordinary inflammation, not essentially, but in the peculiarity of its seat. By others it is looked upon as specific in nature, resulting from the action on the fibrous and serous tissues, of a special poison which does not operate in the production of other than rheumatic inflammation. That exposure to cold and damp suffices to produce acute rheumatism, is an old view which finds its chief support in the fact that the disease often occurs after such exposure. But so frequent is such exposure in this country that it would be difficult to point out any disease which might not be attributed to this agency, if we are not careful to distinguish between the post and propter hoc. It is common to find patients attributing an attack of typhoid fever to that cause, but no medical man would endorse such a view. If acute rheumatism owned such a causation it would be most common in the coldest climates and during the coldest weather. But it is a disease of temperate climates, not of the Arctic regions, and is never more common in winter than in other seasons. It ought, too, if caused by cold, to be most common in children and older people who have little power of resisting cold; but the reverse is the fact, for the disease is rare before 15 or after 50, and is most common at the age at which the power of resisting cold is greatest. If caused by exposure to cold, the joints which suffer most from such exposure, those of the fingers and toes, should also suffer most from rheumatism. The fact is, that they are very rarely involved in the disease. Then, again, if this be the cause of the disease, how is it that pericarditis so frequently occurs and pleuritis and peritonitis so rarely?

The pleura and peritoneum are just as much exposed to cold as the pericardium, probably more so. Other peculiarities of the disease there are, which it is simply impossible to explain on this view of its etiology. The mere enumeration of these will suffice to show: 1st. That no external agency and no amount of exposure is adequate to their explanation; and 2d. That rheumatic inflammation is possessed of special features and peculiarities, which can be accounted for only by bearing in mind or keeping in view that it is specific in nature and is due to the action of special poison circulating in the blood, and therefore essentially differing from ordinary inflammation. The special characteristics of acute rheumatic inflammation are:

1. A tendency to its occurrence is hereditary. 2. It is specially liable to occur at a particular age. 3. It is apt to attack the same individual again and again. 4. It does not confine itself to one joint, but affects several simultaneously or in succession. 5. It attacks also the membranes of the heart. 6. It very rarely terminates in suppuration. 7. It is not much benefited by measures calculated to relieve simple local inflammatory action, but is speedily subdued by proper constitutional treatment.

There is no possibility of explaining these peculiarities by any view which does not recognize the existence and operation of a poison circulating in the blood. The hereditary transmission of the rheumatic tendency necessarily involves the idea of a constitutional, not a local, malady. It means that a certain diathesis or particular state of the body, predisposing to rheumatism, is handed down from father to son. But such transmission can take place only in connection with constitutional ailment.

The tendency to attack those of a particular age is noted specially in connection with diseases owning a constitutional origin. Repeated attacks in the same individual points to a constitutional predisposition, and the fact that many joints suffer simultaneously or in succession points to a generally operating, internal and constitutional cause. The tendency to heart-affection can be explained only from the fact that the cause of the inflammation exists in the blood. Finally, the success of constitutional and the futility of local treatment, complete the

proof that in rheumatism we have to deal with an ailment which owns an internal and constitutional, and not an external and local cause. The general conclusion to which we are led is, that this inflammation is specific in nature and the result of a specific poison circulating in the blood.

The next question which presents itself for consideration is the very important one of the *nature* of this poison. Acute rheumatism is accompanied by excess of lactic acid in the system, and such excess is noted only in connection with it. That, no doubt, is true, but it is no proof that the acid causes the rheumatism. It is quite possible that the morbid action which constitutes the rheumatism may give rise to an excess of the acid, and that this excess and the rheumatic symptoms may both result from the same cause.

In specific fevers there is an increased formation and elimination of urea—another product of tissue metamorphosis; but we do not regard the excess of urea as the cause of the disease. It is merely one of its phenomena. It may, and at times does, give rise to special symptoms, but these form no essential part of the malady. May it not be with lactic acid in rheumatic fever, as it is with urea in the specific fevers? The presence in excess of this product of tissue metamorphosis is simply one of the phenomena of the disease, one of the results of a morbid process set agoing by another and totally different agency.

The excess of lactic acid as a sequence may, and does, give rise to some of the phenomena of acute rheumatism. It may do this without being the cause of the disease. There are many reasons for not accepting the view that the acid causes the rheumatism. If it were so the rheumatic symptoms should persist so long as the acid existed in excess in the system, and should decline when it ceased to do so, and not till then. Remedies, too, which neutralized the acid, should also cure the rheumatism, while those which did not do so should fail to have curative effect. I have given alkalies to such an extent as to saturate the system and render the urine alkaline, without doing good to rheumatism. If the acid causes the rheumatism, this should not be. It indicates that the acid in the system is neither neutralized nor destroyed by the remedy which neutralizes the action of the rheumatic poison and puts an end to the disease.

The view is forced upon us that lactic acid is not the cause of acute rheumatism, but merely one of the results of a morbid process set agoing by some other agency. I will not in this connection attempt to discuss the innumerable theories advanced by different writers on this subject, but will ask your indulgence while I merely outline reasons for believing the miasmatic theory of rheumatism to be the correct one.

The poison which gives rise to malarial fever are distinct and separate agencies, but the analogies noted in the natural history and course of the ailments which they respectively produce are sufficiently close to warrant us in regarding them as being allied, though specifically distinct. Malarial diseases are apt to occur in low-lying damp localities in certain climates and at certain seasons of the year. Some people are more liable to be attacked than others. They have no definite period of duration. They are not communicable from the sick to the

healthy. We cannot fail to see that these are quite the attributes of acute rheumatism. A still further analogy may be traced in their symptoms:

1. Malarial fever is irregular in type and characterized by variations in its course. So is rheumatic fever. 2. One attack of malarial fever is said to render the system more liable to its recurrence. The same has been said of rheumatic fever. 3. Malarial fevers often leave an impress on the system which renders the sufferer liable to disturbance and recurrence of some of their symptoms from slight causes. Rheumatic fever often has the same effect. 4. Unless arrested by treatment, malarial fevers may have a protracted and uncertain course. So may rheumatic fevers. 5. The course of malarial fever is speedily arrested by large doses of the cinchona compounds. The course of rheumatic fever is as speedily checked by large doses of the salicyl compounds, as I will endeavor to show.

It is evident that the rheumatic poison, both in its history and in its effect on the system, bears a closer analogy to the poison of malarial fevers than any other morbific agency. The gradual onset of rheumatic inflammation, its shifting character, its uncertain course, its occasional prolonged duration and its gradual decline, can be explained only by supposing that the poison is reproduced in the system during the course of the disease, and that a fresh supply of poison is thus being constantly brought into play. In view of this the occurrence of the local inflammatory lesion is readily explained, for the poison in this disease finds its nidus in the fibrous tissues of the motor apparatus of the body, and in this tissue something exists which is essential to their fecundation, and without which they cannot be reproduced. If the whole of the poison necessary to the production of all the phenomena of the malarial fevers existed in the system at the commencement of the illness, they would lose their intermittent and remittent character, the full effect of the poison would be produced at once, and their phenomena would be concentrated into one violent attack of fever which could scarcely be recovered from, so it would be with rheumatic fever, the symptoms would be developed, not gradually, as is the case, but all at once. The joints, instead of being affected as they are, would all suffer at the same time, and the disease would lose some of its characteristic features.

Rheumatic poison acts chiefly on those fibrous structures whose function is to resist strain, and that the greater the strain the greater the liability to the action of that poison. In this we find the explanation of the tendency of that poison to affect the fibrous structures of the heart. In all forms of rheumatism the heart is apt to suffer. Heart-affection very seriously complicates the rheumatic attack during its course. It is not in any way or in any case to be regarded as an accidental complication, but always as a part of the disease, and as being induced in exactly the same way as the joint inflammation.

Having in a brief way considered some of the most prominent features of rheumatism, I will now consider the treatment.

There is probably no disease in which so many different modes of treatment have been resorted to, but until recently medical treatment has failed to shorten the duration of the malady. I will not tax your patience with a list of all the

different drugs which have been offered for the relief of rheumatism. I will simply give you the mode of treatment that has proved most efficacious.

Dr. Maclagon was the first to point out the analogies which are believed to exist between the poisons of intermittent and rheumatic fever, also the marked analogy between the cinchona compounds and the salicyl compounds. The forms of rheumatism with which we have to deal are the acute, sub-acute and chronic. It is in the acute and sub-acute forms that the salicyl treatment is most applicable. To get its most beneficial effects the remedy must be given in full and frequently repeated doses. The patient, of course, is confined to bed, the bowels are relieved by a dose of calomel, if necessary, and the diet light and simple, consisting mainly of milk. The salicyl treatment should be begun as soon as possible, for in the interest of the heart every hour is important. I give 15 to 20 grains of the salicylate of soda every hour till there is decided evidence of its action. It will generally be found before 300 grains are consumed, often before half that quantity has been taken, that there is a marked improvement. Relief from pain is the first indication of this. With the continuance of the remedy improvement progresses, and often within twenty-four, generally within fortyeight hours from the commencement of this treatment, the pain is gone and the temperature is at or near the normal standard. As the symptoms decline the dose may be diminished, but it is well not to do this too quickly or too early, for if the remedy be omitted too soon, or given in inadequate doses, the symptoms are apt to recur. The object in view is to keep the system persistently under the influence of the drug. The salicyl compounds are so rapidly eliminated that their beneficial effects can be gained only by giving them frequently, as well as in full dose

One can never tell the time at which their curative effects have been produced completely. For this reason the treatment should be gone on with for some time after convalescence seems to be established. You should make your patient understand that there is a tendency to a recurrence of the symptoms, and that the medicine must be taken for some time after all pain has ceased. The patient should be in bed for a week. No matter how speedily the pain is relieved and the fever abolished, the affected fibrous textures cannot at once resume their normal condition, and until they have had time to do so they should have no work to perform. It is of the utmost importance that a rheumatic attack should be perfectly recovered from, or the chances are that there will be a return. Any injury done during the first attack is almost sure to be increased by subsequent ones. Treated thus, the course of uncomplicated acute rheumatism is arrested, the pain is abolished, and permanent convalescence begins, frequently within twenty-four, and generally within forty-eight hours of the time treatment commences.

Salol, being one of the later salicin remedies, taken in doses of 5 to 10 grains every two hours, is said to relieve speedily the fever and pain in the early stages of acute rheumatism. In my practice its use has never proved near so efficacious as salicylate of soda or salicin. Salicylate of soda sometimes produces nausea, vomiting and burning in the stomach, and in certain cases deafness and buzzing

in the ears. In such cases I often substitute salicin in 15-grain doses every two hours. This has little, if any, of the evil properties of salicylate of soda, yet it seems to keep up the good effect of that drug. In some cases I have found it necessary to give opium for relief of pain and to produce sleep, though rarely ever when treatment was sought for early. Anodyne liniments applied to the inflamed joints add temporary relief and comfort to the patient. In giving salicylate of soda and salicin in acute rheumatism, each requires to be given in large and frequently repeated doses. The explanation is obvious.

The rheumatic poison is a minute organism which is propagated in, and acts on, the fibrous tissues of the motor apparatus of the body, and is, of course, carried about in the biood. These remedies destroy this poison, but for its complete destruction a certain quantity is necessary. The sooner this quantity is introduced into the blood, and so brought to bear on the poison, the more rapid will be the cure of the rheumatism. In a first or second attack the salicylate of soda and salicin effect a rapid cure. But when the patient has suffered from repeated attacks, and when, as a consequence of these, more or less change has been induced in the fibrous textures of the joints, there can be no doubt that alkalies tend to shorten the duration of the disease by neutralizing the lactic acid, aiding its elimination by other, organs than the skin.

They do not cure the rheumatism properly so called, but they hasten the elimination of morbid products formed during its course. Chronic thickening of the fibrous textures and stiffness in the joints are the result of former attacks of of rheumatism, and are apt to be mistaken for chronic rheumatism, occurring as it does, in those who have suffered from repeated attacks of acute or sub-acute rheumatism, and presenting many of the symptoms. It is of great importance that the two ailments should not be confounded, for their prognosis and treatment are essentially different. It may reasonably be hoped that this condition will year by year become less common, as the treatment is so successful in shortening the duration of acute and sub acute rheumatism.

Counter irritants, such as the tincture of iodine, painted over the joints, and iodide of potash, taken internally, afford some help in reducing the chronic congestion of the parts. Chronic rheumatism is a very different condition. It is due to the presence and direct action of the rheumatic poison, and is not necessarily, or even usually, accompanied by any perceptible change in the textures involved. It is simply a rheumatic disturbance of the affected tissue. It differs from the acute and sub-acute forms, not in nature, but in degree, and sometimes in the special textures involved the fibrous aponeuroses and muscles are apt to be more affected.

The treatment of chronic rheumatism does not differ from that of the acute or sub-acute form of the disease.

DISCUSSION.

Dr. Burke Haywood said he had listened to the paper with much pleasure. There was one objection to the relation between rheumatism and malaria, in that the former is so common in cold weather.

Mr. Tayloe, the author, explained that he said it was as common in summer as in winter.

Dr. Lee thought while the salicylates did good at times, there were times when they did but little good. Rheumatism is a very hard thing to deal with successfully. It is bad enough with acute cases, but still worse with chronic. You may try cold water, or hot applications, you may pack the joints in cotton, and you may use the salicylates and every other remedy, and then you will not be satisfied.

Dr. J. W. Jones thought the Society owed the author its thanks for his paper. He drew a graphic picture of a rheumatic, and referred to the advantage taken of this class by quacks. As to the analogy between rheumatism and malarial fever, he considered it a question yet to be decided. In a patient with the rheumatic diathesis exposure to cold brings on an attack. In treatment, our energy has to be addressed to reducing the temperature and the pain. But while we are treating the symptoms of this constitutional disease, it is doing its deadly work on the endocardium. The alkalies and the salicylates have been recommended to prevent damage to the heart. Taking a hint from nature, he would suggest a steam-bath or hot-air bath. Wrap the patient in cotton and secure absolute rest with splints and bandages applied to the joints. Address your medication to the condition of the blood. In chronic cases would use massage and electricity.

Dr. Booth wished to add his mite to the treatment of rheumatism. He referred to the use of Buffalo lithia water. He had had excellent results from sending his patients to the Buffalo Lithia Springs when they were suffering from an excess of acid. He spoke of the habit of people who, when they find that they have a spring containing a little lithia, at once announce it through the papers as a sure cure for rheumatism and kindred diseases. He did not think the virtue of lithia water due more to that than other salts contained in it. He has found Buffalo lithia water from Spring No. 2 especially useful in an irritable condition of the stomach.

Dr. Fitch concluded that six weeks in bed was about as good treatment as any he had found.

Dr. Hill spoke of the efficacy of fluid extract of phytolacca given in doses ad nauseam, with the application to the inflamed joints of tobacco.

Dr. Cobb put faith in red flannel and rest in bed.

Dr. McMillan had had good results from the application of tobacco, the patient having greatly improved even by the second day.

Dr. Herring had never seen the heart affected by rheumatism in a patient attacked for the first time after forty years of age. He drew the attention of members to the "growing pains" of children, which he said were especially liable to produce heart trouble. He thought we should pay strict attention to these "growing pains" and treat them.

Dr. McDowell agreed with the author's treatment by the salycilates for mitigating the pains and reducing the fever, but whether they shortened the disease was another question. Some of the cases which end shortly after the adminis-

tration of remedies, may have been primarily cases that were to end in a short time. The principal objection to the salicylates is their irritable action on the stomach. He asked for the experience of members in the use of salophen.

Dr. Hodges warned against the use of tobacco poultices, he having had a severe case of poisoning from their application to only one elbow-joint. In regard to salophen, it was only a new form for the administration of salol, with which latter drug he had had experience. He reminded members of the large proportion of carbolic acid contained in salol. He has found the following prescription a good one: Salol, gr. iij.; phenacetin, gr. iij.; cocaine, gr. 1-6. Make one capsule. He thought that in the treatment of chronic rheumatism rest and massage had not had their day, but that they would.

Dr. Haywood did not know the cause of the hyperpyrexia. He has read no views on this point which are satisfactory to him.

Dr. Hays called attention to the multiplicity of remedies suggested for the relief of rheumatism, which fact was in itself evidence that none of them were specifics. Dr. Robert P. Pool had used almost every known drug, and then treated to cases without any drug, and the latter did about as well as the former. He wished to emphasize the fact that rheumatism is a self-limited disease. His treatment is water, internally and externally. He does not care for it to be lithiated. He tries to get his patients to drink as much as a gallon of water a day, so as to wash out, as it were, the morbid material from the blood. He prefers hypodermics of morphia for the relief of pain, and cold water for the reduction of temperature. Outside of these he has but little faith in the remedies recommended.

Dr. Tayloe thought the salicylates preferable to morphine for the relief of pain, there being danger of forming the habit with the latter.

A PECULIAR CASE OF ACUTE ARTICULAR RHEUMATISM.

By S. J. Montague, M.D., Winston, N. C.

Read before the North Carolina Medical Society, Raleigh, May 9th, 1893.

The following case of acute articular rheumatism with peculiar complications, though incomplete, owing to a failure to take notes at the time, is sufficiently rare to justify reporting in part:

About the roth of December, 1892, J. G., a strong and vigorous white man, employed in town as a butcher's assistant, with tolerably steady habits, including daily consumption of several drinks of raw liquor, and of the age of about 30 years, was taken with pains in his right thumb and shoulder, accompanied by considerable elevation of temperature. I did not see him till a week after this, though I have reason to believe that he got the treatment usual to such cases.

He was at this time suffering with a well-marked case of acute articular rheumatism, with ankles and knees swollen and so tender that he could not turn without help, and then only with much pain. He had the usual remedies, with the effect of mitigating the symptoms. Presuming from the circumstances of his case—previous habits, heavy eater and drinker, now with foul tongue and ill-smelling breath and deficient action of the bowels—that this department of his economy might be at fault, I gave him some doses of calomel, alternating with Rochelle salts, with the effect of bringing away enormous quantities of ill-looking, offensive-swelling feces, and this purging was kept up for several days, until the discharges assumed a more natural appearance. There was evidently fecal accumulation, but not obstruction here, as he had had sulphate of magnesia, with its usual effect, in the beginning of his attack. The effect of the calomel and salts was a great relief to him in a general way, and I am of the opinion that, upon the appreciation and proper treatment of this one condition, the favorable termination of the case depended more than any other.

About two weeks after taking his bed, after the administration of some pills of salicylic acid, he was taken with a ferocious itching and burning of the entire skin and swelling of his face, closing his eyes-indeed, it looked like a case of erysipelas of the head. The pain in his joints was not so severe while he was quiet, but the itching and pain in his hands, feet and skin generally was intolerable, necessitating large doses of morphine and other anodynes to keep him quiet and to procure a little sleep. I have no doubt that this condition was a multiple neuritis, classed by writers among diseases of the peripheral nerves, and mentioned in Pepper's System as an occasional concomitant of polyarthritis. The same authority says not a few cases are caused by chronic alcoholic poisoning. Cold is etiologically responsible for many cases, acting under cover of alcoholic poison, which partially anæsthetizes and paralyzes the peripheral nerves, causing more than the normal quantities of blood to move slowly through the capillaries. Any unusual exposure in this condition is liable to be followed by inflammations such as neuritis, pneumonia, pleurisy, etc. This peripheral neuritis lasted about a week, and was treated by soothing anodyne and oily applications. When the pain and itching subsided, the skin began to die, and in fifteen to twenty days he literally shed his entire integument, that of his feet and hands coming off entire and whole, facilitated by cutting around his nails-that from his feet his attendants called his slippers, and they remained for days setting under the foot of the bed. For eight weeks he was not in his proper mind, but imagined himself engaged in his usual pursuits. The delirium was not severe, and the coma from which he suffered later on was such that he could be aroused sufficiently to take nourishment and medicines. The action of the heart, assisted by digitalis and strophanthus, kept good and was not attended then or since by any inflammatory trouble. The urine was scant and high-colored, loaded with urates, but under the administration of diuretics such as potassæ acetas and buchu, it became more abundant and cleared up. He finally came to his right mind and slowly recovered sufficiently to do light work. He says his hair is coming out and he is losing his nails; but what troubles him more than these is that he is changing color—from white to something like the color of an Indian.

THE RATIONAL USE OF ERGOT IN OBSTETRIC PRACTICE, WITH A PROTEST AGAINST ITS ABUSE.

By J. Howell Way, M.D., Waynesville, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

Notwithstanding the fact that scarcely without exception every modern obstetric writer and teacher of reputation expresses the firm conviction that in only a decided minority of obstetric cases is the exhibition of ergot prior to the termination of the second stage of labor justifiable, there is yet little question but that this advice is wholly cast aside by a very large number of practitioners, both in town and country. Not with the idea of presenting any new facts upon this subject to the Society, but rather to recall to our minds information we all in common possess, and to incite a free discussion of the subject, in which we shall have full expression of opinion from North Carolina obstetricians, is the object of the brief paper I have the honor of presenting. The subject is an old one, but the wide difference of opinion, and more especially of practice, existing among physicians, aside from its own intrinsic importance, will, I trust, render it worthy of your atention.

The character and extent of the evils of ergot are so well known that their bare mention here will suffice. Lacerations involving the cervix, vagina and perinæum, retention of placenta, acute toxic ergotism and gangrene, rupture of uterus, death of the child, and even that of the mother, all proclaim the power and the perils of ergot. Yet, in the face of all these possible evils, ergot remains, in my opinion (quinine possibly excepted), the most generally abused of all drugs, there being within the limits of my own observation numerous medical men who give it freely before the end of the second stage of labor. The average practitioner will not always stop to discriminate. He well knows that ergot will powerfully stimulate uterine contraction in most women. Ergot is therefore given to hasten delivery, and the risks of these evils are incurred. The dangers in the routine use of ergot prior to the end of the third stage are equally positive, though of course the death of the child and ruptures of the cervix, perinæum, vagina or uterus, are not now in the count. Closure of the uterus, with incarceration of the placenta, is a not infrequent result, since it is a clinical fact that the action of ergot tends especially to influence the contraction ring of Schreder, thereby closing the os internum rather than producing expulsive contraction of the upper portion of the uterus. Should the placenta not be retained, clots usually are, owing to this faulty method of contraction.

But a still greater danger lurks here and is not usually seen. The tonic contraction induced by the ergot does not result in thickening the uterine walls in the upper uterine segment (the most frequent placental site), with corresponding thinning of the lower uterine tissues. In other words, it does not produce reraction, which is the permanent protection from hæmorrhage as well as the first step in uterine involution. The condition of perfect uterine retraction is only to be secured by the intermittent contractions and relaxations which rythmically

occur in the normal uterus at this time. From this standpoint it must be evident that the frequent routine practice of administering a full dose of ergot upon the delivery of the placenta, is not only unnecessary, but must in many cases be positively hurtful. Of course, where there is a lack of contractility sufficient to prevent hæmorrhage and induce normal retraction, ergot is undoubtedly our most valuable agent, and should be given. Without proper uterine retraction it is impossible for perfect involution to take place, and this process of retraction includes the gradual drawing up of the contraction ring of Schreder by the shortening of the longitudinal fibres of the body and fundus in process of contraction, but as well the general re-arrangement of the muscular fibres of the whole organ, both during and subsequent to delivery. This re-arrangement of the muscular fibres so disposes them that those previously placed end to end now become situated side by side. In this way a general thickening of the uterine walls is produced, the vessels being both compressed and rendered more tortuous. Involution in reality begins with the degenerative changes which are set in action with the first pains of labor. These contractions, like the contraction of muscle cells elsewhere, gradually lead to the destruction of the muscular cells. Regularity and rythm of contraction in uterine muscle fibre is equally essential to perfect involution as it is to certain delivery of the fœtus. In like manner tonic contraction, inhibiting, as it does, all cell nourishment by bringing ultimate relaxation (paralysis), prevents retraction, thereby favoring hæmorrhage and sub-involution.

Every careful obstetrician in this audience has, I am sure, observed cases where no ergot had been given, after the delivery of the placenta the uterus presented a condition of stony hardness in marked contrast to the firmness characteristic of retraction. This stony hardness, if long-continued, exhausts the muscle cells and predisposes to hæmorrhage. Likewise the tonic contractions of uterine muscle fibre induced by full doses of ergot.

Dr. Mary Putnam Jacobi has directed professional attention to the relations existing between the arterial and venous circulation in the gravid and puerperal uterus. She says: "There is a tendency to venous excess in the uterine tissues from the moment of conception to the end of pregnancy." Venous hyperæmia, we all know, is the condition most favorable to growth, and the uterine changes during the whole time are solely those of simple growth. Again, quoting Dr. Jacobi: "When the first pains of labor begin, the venous excess is cut off by the clogging of the sinuses at the placental site with giant cells." Now, a relatively greater amount of arterial blood fills the uterus. This arterial blood, laden with the oxygen of nutrition, stimulates the large muscle cells into contraction." These contractions compress the veins and further diminish the venous supply; the continuation of this process expels the ovum and checks venous hæmorrhage from the placental site by venous thrombosis. After the expulsion of the ovum an excess of arterial blood is still required intermittingly, not only to produce the retraction induced by the after-pains, but also to furnish the oxygen necessary to the gradual reduction of the now useless elements into fatty detritus preparatory to absorption. The facility of absorption by veins and lymphatics depends upon the relative difference between the venous and arterial tension. Likewise, to secure rapid and perfect involution, a certain relation must exist between the venous and arterial pressure. An excess of venous blood will, by retarding absorption and fatty degeneration as well, favor subinvolution." So, too, high arterial pressure will, by delaying the constructive process in the endometrium, which, being processes of growth, are best performed under low pressure, interfere with proper involution. It is very important, especially at the placental site, that the involution changes of the endometrium be performed as rapidly as possible, it being established that, under normal conditions, it is entirely reformed much earlier than the complete degeneration of the muscular tissues take place. The new uterus is formed chiefly from the development of the muscular nuclei, while the large fibres of the gravid uterus are reduced to fat and absorbed in the process of involution, this process being much slower here than in the endometrium, from the relatively greater excess of arterial blood. Thus the result of a nice balance between arterial and venous pressure in the process of uterine involution is apparent. Is it not, therefore, manifest that the disturbance of this normal relation by the substitution of the hard tonic contractions of ergot will prevent proper and speedy involution, will prolong the puerperium and indirectly favor sub-involution? Again, the tonic contractions of the womb induced by ergot are disadvantageous in that there is confined in the general circulation a considerable quantity of blood usually lost in the intervals of relaxation which normally occur. A certain amount of blood lost in parturition being, I believe, conservative. Instead of blood being required for two lives, it is only now needed for one, and that one requires less than before in that it is not required to perform the laborious functions so recently demanded of it. An additional advantage of a slight sanguineous flow is in permitting the escape of blood surcharged with the effete products of recent activity. Such, indeed, are the likely results from the use of ergot in full doses. In very small doses the evils are very much less, in fact, in very small doses the results may be rather salutary than otherwise. Such doses probably only increase the force of the usual contractions, not affecting the periods of relaxation, not materially disturbing the rythm of action. With very small doses where positively indicated, I have no issue to make; it is only against the far too frequent routine use of full doses I would serve a note of warning.

In conclusion, I believe that ergot may be safely administered in very small doses—5 to 15 minims of the fluid extract, before delivery, in cases of uterine inertia which resist other means, more especially in women whose past history indicates a possible predisposition to hæmorrhage. In post-partum hæmorrhage it should be freely given, both per os and by subcutaneous injection. In cases where anæsthesia has been freely induced during the second stage, small doses may be given with advantage. Again, during puerperal convalescence, where the uterus remains large and flabby, with continued tendency to sanguineous flow, ergot in small doses will be of value, especially if combined with quinine and nux vomica

DISCUSSION.

Dr. Hines remembers to have given only one dose of ergot before the second stage of labor, and that dose caused the death of the child through pressure. The labor had been brought to a stand-still by the too free administration of chloroform. He thinks it one of our most valuable drugs when properly applied.

Dr. Booth said that in his early days he had practiced in copartnership with one of the most intelligent men in the State. He was of that class who advise the use of ergot just before the birth of the child, provided the parts were ready for dilatation. He followed the practice of his associate, and he then began to have hour-glass contractions, post-partum hæmorrhages, etc., while he had never seen a case of hour-glass contraction before. He is opposed to giving ergot when there is anything in the uterus. He does not believe there is any necessity of giving ergot in a routine manner after labor, as is the custom with some. Labor is a physiological process, and he thinks this kind of meddlesome midwifery has done more harm than any other kind.

Dr. Way was glad to see that those who had discussed the paper seemed to be of the same mind with the intent of the author.

A CASE OF CÆSAREAN SECTION.

By J. T. Nicholson, M.D., Bath, N. C.

Read before the North Carolina Medical Society, May, 1893.

On Sunday, April 16th, 1893, I was summoned in haste to see a patient who, the messenger said, was very sick indeed, and wanted me at once. On my arrival at the house of my patient (which was about nine miles from my office, and situated within fifty yards of the Dismal Swamp of North Carolina) I found my patient to be a young negress, unmarried, about 18 years of age and in hard labor. I learned from the midwife who was with her that she had been in labor for about forty hours, and that the membranes had ruptured about thirty hours previous to my arrival. She had a very rapid pulse, with tongue heavily furred with a brownish coat. I immediately made an examination per vaginam and found the following condition: The os uteri high up in the pelvis, in fact, I could scarcely reach it with my index-finger. The os was well dilated, with a small caput succedaneum protruding through the lips, yet, while the woman had labor pains, the head did not descend any at all. I introduced my middle finger with my index-finger, which gave me an inch more in length, when I discovered that the head of the fœtus was lying over, and nearly anteriorly and above, the symphysis pubis. I also found that just posteriorly and left laterally there was a bony structure, which I at first took to be a two or double-headed monstrosity; I, however, discovered it to be the promontory of the sacrum, and that I had a case of deformed pelvis to contend with. I found the antero-posterior diameter

to be about 11 to 2 inches. I knew, from the size of the head of the child, that the woman could never give birth to the child per vias naturales; so I told her mother the situation, and that the only thing there was to do was to perform the Cæsarean Section. She gave me her free consent to do whatever I could to save her child. I immediately went to my buggy and got my obstetrical bag, which contained my pocket case of instruments, sponges, ether, chloroform, etc. (I will here add that my former drug clerk, Mr. J. P. Bragg, who had lived with me about two years, was with me, and while at the buggy I asked him if he thought he could administer chloroform for me to a patient who was in labor. He said that he had never seen a labor case in his life, but that he was willing to render me any assistance in his power.) We went into the house, and, after first antiseptisizing thoroughly all of my sponges, towels, instruments, etc., I placed my patient on the table and proceeded to give ether, of which I only had about two ounces; I then gave chloroform; then, after a futile attempt to introduce the obstetrical forceps, I shaved a portion of the symphysis pubis and washed the abdomen well with a bichloride solution of t to 2000. An incision of five inches was then made in the median line extending from a llttle to the left of the umbilicus nearly down to the symphysis. (I would here state that she was so deformed that I could not get the proper distance from the umbilicus to the symphysis pubis.) In my first incision I cut through the skin and subcutaneous tissues; one incision more and I cut through the linea alba; this exposed the peritoneum, which I carefully grasped with a pair of small dressing-forceps, and, after making a small incision, I took a blunt-pointed bistoury, and, using my fingers as a director, I laid wide the peritoneum to correspond with the incision made in the abdominal walls. This brought the uterus into full view, in which I immediately made a small opening, as I did in the peritoneum; then, taking the blunt-pointed bistoury again, still guided by my fingers as a director, being careful not to cut the placenta, I opened the uterus down to where the membranes had been ruptured, and where there was a partial separation of the placenta from the uterus. The head and a portion of the body of the child were now exposed lying in the R. O. A. position. I then ran my right hand down in the incision made into the uterus near the symphysis pubis, got my fingers under the head of the child, and, with my left hand on the abdomen over the fundus of the uterus to steady it, I elevated the head and brought it through the opening made in the abdomen and uterus, without rupturing or cutting in any manner the placenta. After tving the cord, I called the midwife and gave her the child, which I found to be almost in a state of asphyxiation.

Up to this time I do not think that my patient had lost over one ounce of blood. I immediately placed my hand back into the opening, and, beginning to work my fingers between the placenta and the uterus, and with gentle traction on the cord, I found no difficulty in delivering the placenta. After the delivery of the placenta the uterus relaxed somewhat, and then I had some hæmorrhage to contend with. I thrust my hand into the uterus, cleaned out all clots and pulled the uterus up well into the abdominal opening and held it there for a few minutes, when the contractions seemed to become permanent. I then sponged

out the uterus and abdominal cavity, where practical, with the bichloride solution of 1 to 5000. I then sewed up the incision in the uterus with the continuous and interrupted suture, using carbolized silk. After stitching up the incision made in the uterus, I again sponged out well the abdominal cavity and sewed up the peritoneum with a smaller-sized suture. I then sewed up the incision in the abdomen, using the interrupted suture. Not having any iodoform gauze with me and very little iodoform, I dusted the wound with what iodoform I had; then I placed a piece of absorbent cotton, dipped in the bichloride solution of 1 to 6000, and applied a piece of dry absorbent lint over it. Then, after applying the adhesive strip and abdominal bandage, I put her to bed in fifty minutes from the time of her going on the table. And I will here state that I did not use any drainage, as I did not think there could be any leakage after the thorough closure of the incision of the uterine walls. Nor did I have to ligate a single bloodvessel. She soon aroused and expressed herself as feeling much better.

I left to return on the next morning at 10 o'clock, Monday, April 17th, when I found child and mother in good condition; the latter expressed herself as feeling first-rate, with the exception of a little soreness. She had slept and rested well all night, waking but once during the night. Temperature 99°, pulse 120, and the nurse had drawn about four ounces of urine during the night with a soft flexible catheter, which I had left in her charge, with directions to evacuate the bladder every six hours. I then introduced the catheter and drew off about four ounces more of urine.

April 18th, 10 o'clock, a. m., I found the patient still resting well, but the nurse had failed to draw any urine, saying: "God knows I could not hit dat little hole." I immediately introduced the catheter and drew off fourteen ounces of urine. Temperature 99°, pulse 105. She had taken whiskey during my absence, and had also slept well all night; did not wake but once, and then was awakened by the old midwife (the nurse), trying to find "dat little hole."

April 19th, 8 o'clock, a. m., I found her still resting well. The first thing she wanted to know was if she could have her snuff. Temperature 99½°, pulse 110. And the old nurse had still failed to find "dat little hole"; so I again drew off fifteen ounces of urine.

April 21st, temperature 101°, pulse 110, respiration 22. She had voided urine two or three times during my absence; bowels moved from warm water enemata for the first time since the operation. Finding tongue still heavily coated and my patient more restless than usual, I administered a small dose of calomel combined with Dover's powder.

April 23d, patient resting well; had felt much better since the calomel acted. Temperature 99°, pulse 96, respiration 20. She had taken nourishment, such as milk, bovinine, crackers and whiskey; expressed herself as feeling well enough to walk a mile. This was the eighth day, and as no unpleasant odor had emitted, I had not disturbed the dressing before. I found upon removal of the dressing that the wound had healed by first intention. The dressing was not the least stained.

I left to return on the 25th, when I found my patient restless, with a tempera-

ture of 102°, pulse 100, respiration 22. I learned from the nurse that, contrary to my orders, the patient had turned over the night before, and that it made her very sick indeed, so much so that she started to send for me. Upon examining the wound, I found the dressing damp from a serous discharge. Upon removal of the dressing, I discovered the abdominal wound gaping about an inch. I immediately washed the wound, using a carbolized wash, and dusting the wound with iodoform, I strapped the abdomen well with adhesive strips about one inch wide.

On the 27th the patient was resting well. Temperature 99°, pulse 90, respiration 20. I turned her over, and, to my surprise, I discovered a bed-sore (of which she was not aware, as it had caused her no pain or inconvenience) on her right buttock; owing to the deformity of the pelvis, nearly all of her weight concentrated on this spot; abdominal wound healing nicely. I removed all stitches in the abdominal incision to-day.

May 8th.—As there has been no deviation from a steady, happy convalescence, I will not inflict upon you a long tabulated daily report of the case; but I am happy to state that the mother and child are both living and doing well.

Now, in conclusion, allow me to say that, while appreciating the fact that I was not expecting to be called upon to perform an operation of such a grave character, and that I had no professional aid, still, realizing, from the exhausted condition of my patient, that time was precious, this operation was decided upon after a most careful exploration of the pelvic regions, ascertaining by touch (the only means I had) the nature and extent of the obstruction; and thoroughly satisfying myself that the pelvic contraction was so great as to make delivery of the child utterly impossible.

Realizing the momentous fact that there were two lives at stake, what other course could I have pursued? To have attempted craniotomy or embryotomy in this case, it seems to me, would have been a criminal act; for in the former there is a positive certainty of one death, and perhaps two. And the child, which is in no way responsible for the position it occupies, has certainly some just claims which demand our consideration and some effort on our part for its protection. Then, with the undeniable facts before me, I did not hesitate to do that which, in my opinion, was the only thing that was left for me to do, and I did it without hesitancy.

REPORT ON SURGERY.

By J. P. Munroe, M.D., Davidson College, N. C.

Read before the North Carolina Medical Society, Raleigh, May 9th, 1893.

The brilliant results of modern antisepsis present an inviting field to any one entering upon a discussion of general surgery. It is assumed, however, by the writer of this paper, that the members of this Society are familiar with the prac-

tical details of aseptic and antiseptic methods, and that every one realizes the importance of those researches which lead first to the discovery of the llving organisms which are the exciting causes of pathological conditions, and secondly to the means by which these organisms may be destroyed.

It is to the practical application of these principles to a few diseased conditions that I invite your attention to-day. Nor will it be possible in one brief paper to touch upon all the surgical diseases even of common occurrence. I shall discuss briefly a few of those more commonly met with in our State, and present a summary of the work done by our own members alone this line. Indeed I have been so impressed with the fact that North Carolinians report so few cases, that I have endeavored to secure data for arranging a summary of important cases treated during the past year by members of this Society. That my efforts have been largely successful has been due to the kindness of various members in responding promptly to my request for information. On the other hand, such a summary is necessarily incomplete, because so many did not find it convenient to fill out and return the blanks which I mailed to every member of the Society. It was my purpose to ascertain the important cases treated during the past year and unreported cases previous to that time.

We have a few interesting cases of Aneurism reported:

Dr. C. M. Poole, traumatic aneurism of arm; amputation—recovery.

Dr. J. H. Wolff, diffuse aneurism popliteal artery; amputation thigh, lower third-recovery.

Dr. H. T. Bahnson, aneurism popliteal artery; ligation fem. artery; subsequent gangrene necessitating amputation—recovery. By the same—aneurism popliteal artery; ligation femoral artery at apex Scarpa's triangle—recovery.

Dr. C. M. Poole, aneurism at elbow; amputation—recovery.

I find an interesting report of cases in the *Lancet* of Mackellar's, in which he tied both femorals with good results. At the end of a year, however, a tumor appeared behind the manubrium, and for this he ligated the common carotid and right subclavian in its third portion.

I have had reported 3 cases of *Empyoma*, treated respectively by Drs. Bahnson, 'Harrell and Boyette, with successful results in each case, and all treated by incision and free drainage—Dr. Harrell also washing out the thoracic cavity.

Three cases of Tracheotomy have been reported, as follows:

Dr. R. H. Whitehead, for stenosis of 'larynx-good results.

Dr. A. Holmes, for foreign body in bronchus-good results.

Drs. Gibbon and Meisenheimer, for foreign body in bronchus—good results.

A record of 572 tracheotomies on the Continent for diphtheria gives an average recovery of $44\frac{3}{4}$ p. c., while in this country it is about 30 p. c. I had no report of the operation in this disease in our State.

The following is an interesting list of Laparotomies:

Dr. H. T. Chapin, ovarian tumor; drainage not mentioned-recovery.

Dr. A. Holmes, " " " " "

Dr. R. L. Payne, Jr., " drainage used—recovery. By the same—ovarian tumor; drainage used—death; shock.

Dr. R. H. Lyle, ovarian tumor; drainage not mentioned-recovery.

Dr. R. H. Whitehead, tubercular peritonitis; drainage not mentioned—died in two months.

Dr. J. A. Hodges, intestinal obstruction, drainage not mentioned—died; waited too long.

Dr. T. S. McMullen, chronic salpingitis, drainage not mentioned; tendency to recover.

Dr. H. T. Bahnson, fibroid uterus; drainage used—recovery. By the same—fibroid cvst; drainage used—died in three months.

Dr. S. H. Lyle, two cases pelvic abscess; one cured and one improving.

Dr. W. S. Davidson, gall-stone tumor; excision of gall-bladder—recovery.

This last is one of the rarest operations on record, and this young surgeon deserves especial credit for the boldness and skill manifested in its management. The tumor was immense, filled with fluid and contained about 75 stones. It is now about two and a half years since the operation, and the woman is in good health.

Although some of the above operations belong especially to gynecology, they are done by our general surgeons, and I would call especial attention to the good results obtained. I regret that more of our members did not report their cases. Several cases have been mentioned to me since coming to this meeting, which are not included in this report. I happen to know of a surgeon in one of our cities who has done three successful laparotomies in the last few months, and no report has been made of them. I understand that this gentleman solemnly avers that the printers shall have nothing more from him until their proof-readers are all Solomons and their devils are all angels. I am not here to advertise any one man, but only to do just honor to the home talent of our beloved State, and I am sure that I create no invidious distinction in saying that this able, I may say great, but modest and unassuming surgeon is Dr. W. J. Love, of Wilmington.

Diseases of the Bladder and Urethra were reported as follows:

Dr. H. T. Bahnson, vesical calculus; supra-public lithotomy—recovery; stone weighs $6\frac{1}{2}$ ounces.

Dr. W. H. Harrell, vesical calculus; perineal lithotomy—death from pyelitis in seven weeks.

Dr. R. H. Whitehead, vesico-cerv. vag. fistula; suturing with silver wire-recovery.

Dr. W. H. Harrell, urethral stricture and perineal fistula; external and internal urethrotomy—recovery.

Dr. S. H. Lyle, 22 cases stricture urethra; internal urethrotomy—20 recoveries and 2 failures. By the same—1 case stricture urethra; permeal section—cure.

Dr. J. H. Wolff, I case stricture urethra; internal urethrotomy—cure.

Dr. J. P. Munroe, I case stricture urethra; internal urethrotomy—cure. By the same—I case stricture urethra; external urethrotomy—cure. By the same—I case stricture urethra; internal urethrotomy—death.

I wish to say just a few words as to the preparatory treatment of cases for urethrotomy. As is well known, any operation upon the urethra is very apt to

be followed by a chill and rise of temperature. In fact, this is often seen even after the introduction of a sound. This is generally supposed to be due to some form of septicæmia, septic matter of some kind being absorbed through the wounded mucous membrane. I have not been able always to prevent its occurrence, but the best prophylactic with which I am acquainted is quinine and salol, given in repeated doses for at least twelve hours previous to the operation.

The theory of their action has been explained to be that of internal antiseptics, the salol acting especially on the urethral mucous membrane.

Two cases of strangulated Inguinal Hernia have been reported, as follows:

Dr. T. E. Anderson; herniotomy-recovery.

Drs. Gibbon and Meisenheimer; herniotomy—recovery.

Three cases Fractured Cranium have been reported:

Dr. S. H. Lyle; trephined—recovery. Drs. Gibbon and Meisenheimer; trephined—recovery. Dr. W. L. Davidson; trephined—recovery.

The two following cases of Skin-grafttng were reported:

Drs. Gibbon and Meisenheimer; Thiersch's method—recovery. Dr. W. L. Davidson; cicatrix from burn; Thiersch's method—recovery.

These are rare operations, gentlemen, and the fact that our own surgeons are having success in this, one of the greatest of modern achievements, is cause for just pride.

I notice several other unclassified operations: Drs. Gibbon and Meisenheimer, polypus of uterus; removal—recovery. Dr. H. T. Bahnson, sessile fibroid of uterus; enucleation—recovery. Dr. J. M. Boyette, gun-shot wound in thorax; opened and removed clots—recovery. Dr. J. H. Wolff, gun-shot wound in eye; enucleation—recovery. Dr. W. G. Stafford, gun-shot wound in orbit; incision and extraction of ball—recovery. Dr. R. L. Payne, Jr., atresia vaginæ; dissection; use of glass plugs with perfect results.

Appendicitis.—Dr. S. H. Lyle, 2 cases appendicitis; medicinal treatment—recovery. Dr. J. H. Wolff, 1 case appendicitis; laparotomy—death. Dr. J. P. Munroe, 1 case appendicitis; medicinal treatment—recovery. Dr. E. B. Haywood, 1 case appendicitis; medicinal treatment—recovery.

Diseases of Bones and Joints.—Upon this interesting class of cases I have had the following reported: Dr. H. T. Chapin, 2 cases tuberculous ankle; amputation of leg—recovery. By the same—I case tuberculous knee; amputation of thigh—recovery. Dr. R. H. Whitehead, osteo sarcoma, hip; amputation—death. Dr. J. H. Wolff, coxalgia; incision and drainage—cured so far. By the same—tuberculous disease of tibia; excised 8 inches bone—new bone formed. Dr. W. H. Harrell, necrosis of femur; bone-scraping—recovery. Dr. R. L. Payne, Jr., ununited fracture of femur; incised and removed piece of wood—recovery. By the same—necrosis tibia; sequestrotomy—recovery. By the same—compound fracture tibia; resection tibia—recovery. Dr. S. H. Lyle, necrosis femur; resection—recovery. Drs. Cox and Staunton, fractured patella; Hamilton's method—recovery; stiff. Dr. J. P. Munroe, necrosis carpus; excision of wrist—partial recovery. By the same—tuberculous disease radius; excision entire radius—recovery; useful limb. Dr. R. Gibbon, 3 cases compound fracture leg; amputation—two recoveries, one death. By the same—I case compound fracture both

legs; amputation—death. By the same—r compound fracture arm and head; amputation and trephined—death. Dr. J. A. Hodges, r compound fracture leg; amputation—death; shock.

I desire to emphasize the fact illustrated by these cases that we can often save a useful limb by excision and resection, and that we should always give our patient the benefit of these conservative operations in every case that does not urgently demand amputation. Morris, in the New York Medical Journal, describes the treatment of necrosed bone with hydrochloric acid and pepsin, and claims good results, but I have had no experience with it.

The acute inflammatory stage of joint disease always demands rest. The treatment of the destructive stage varies with its extent and with the views of the surgeon. Sayre recently reported seven consecutive cases of hip-joint disease treated with portable traction splints, allowing limited motion, with perfect results in six and fair results in one.

Tuberculous destructive disease of the knee, while sometimes requiring amputation, ought to be treated by excision in every case possible, for the results of this operation are very satisfactory, and it is much better to leave your patient with a stiff leg than a wooden one.

Among the cases reported to me I find a prominent place held by Malignant Growths. I give the following summary of some: Dr. J. A. Hodges, 2 cases cancer of breast; extirpation of gland—recovery. Dr. R. L. Payne, Jr., 1 case cancer of breast; extirpation of gland—recovery. Dr. C. M. Poole, 3 cases cancer of breast; extirpation of gland—2 recoveries, 1 death, after 3 operations. By the same—1 case cancer in axilla; extirpation of gland—recovery. By the same—1 case cancer on neck; extirpation—recovery. By the same—1 case epithelioma; caustic—recovery. Dr. J. P. Munroe, 1 case cancer of breast; extirpation of gland—recovery. By the same—2 cases cancer sub-maxillary gland; extirpation of gland—recovery; one died from return of disease. Drs. Gibbon and Meisenheimer, 1 case cancer of breast; excision—recovery. Dr. W. H. Harrell, 1 case cancer of breast; excision—recovery. Dr. T. S. Mc-Mullen, 1 case sarcoma hand; excision—recovery.

It will be observed that the treatment followed in all these cases but one is excision with the knife. This is undoubtedly the best treatment known in every case that will admit of it. I believe, however, that the knife should not be used unless there is a probability of removing all the diseased tissues. Caustics are frequently followed by good results, and if they are used, the potential caustics are to be preferred, or, better still, the actual cautery. The aniline dives, especially pyoktanin, have been used with apparent benefit recently. Von Mosetig Moorhof first suggested this treatment, and Meyer, of New York, claims a cure in 10 p. c. of cases that would not admit of operation. He uses pyoktanin internally in doses of 10 to 12 grains and also locally. Its local use causes a breakdown and discharge of diseased tissue. It is stated, however, that the epithelial cells and their nuclei are not affected by these substances. If this is true, we have little to hope for in this direction, especially if the recent conclusions as to the etiology of malignant growths be established.

As early as 1847 Virchow recognized certain peculiar bodies in and between cancer cell's which he supposed to be concerned in the degeneration. Since that time numbers of investigators have been at work on these minute bodies, claiming, with Virchow, that they are the specific cause of disease and that they are true parasites, belonging to the protozoa or unicellular forms of animal life. While these studies were in progress the bacteriologists were by no means idle, and in 1887 Scheurlen produced cultures of a bacteria which, injected into dogs, caused tumors very similar to cancer. It may be noted that bacteria are vegetable organisms, while the bodies described by Virchow and his followers are animal organisms, unicellular forms of animal life. Since 1890 but little has been heard from the bacteriologists, but the advocates of the parasitic theory are becoming more confident. Foà, of Italy, Soudakewitch, of Russia, and Sawtscheuke, in Germany, have found the parasites in carcinomatous tumors, and Ruffer, of England, describes, what has been observed for the first time, the intra nuclear stage of the parasite. While we may not accept these observations as conclusive, we have great reason to hope that light is breaking, and that we are on the eve of great discoveries in the pathology and treatment of these dread diseases.

I have thus presented, as you see, gentlemen, an outline of what our own surgeons are doing, with a few suggestions here and there as to the methods of treating the diseases mentioned. My chief aim in presenting the subjects in this way is to arouse among our members more interest in surgical work and to induce them to let their professional brethren and the world know something more of what we are doing. Moreover, I believe the information I have collected is a valuable nucleus around which may be gathered other trophies—many untold achievements which, if published to the world, will add new lustre to the society of physicians and surgeons whose modesty is equalled only by their ability.

DISCUSSION.

Dr. Way thought the paper a remarkable one, in that it shows that the surgeons of North Carolina are the peers of any in the country, and he wished to emphasize the fact that it was entirely useless to send patients out of the State for operation.

Dr. Hodges was much gratified by hearing told some of the deeds of North Carolina's surgeons, and he hoped this would lead to disclosing to the world to a still greater extent the fact that our surgeons are doing daily as good surgery as can be done anywhere. With the hope of bringing to light some of the hidden achievements of our home surgeons he was authorized to make the following offer:

The NORTH CAROLINA MEDICAL JOURNAL offers \$25 in surgical books or in cash to the member of this Society who will present at its next meeting the best History of Surgery in North Carolina. The committee on this prize is to consist of Drs. J. M. Hays, J. W. Long, and the third member, to be named later, and to reside in the place where the next meeting of the Society is to be held.

Dr. Long felt proud that he was a North Carolinian after hearing the paper, and thinks the author is doing a work which will bring forth good fruit.

Dr. Hines commends to the Society the author's words in regard to the modesty of North Carolina surgeons. If their works were known to the world they would say one of two things—either it is a lie or it is a marvel. During the late war the surgeons of the Confederate army did operations on the battle-field that were equal to any the world had seen. Some of those operations were as wonderful as any he had seen done in the hospitals of Paris or Philadelphia, and would have done credit to any men that ever lived. He hopes now we have a journal established, the members will do their plain duty and make their works known through its columns.

He reported a remarkable case of recovery from a compound, comminuted fracture of both bones of one leg by a railroad accident. The patient was a negro man, and he recovered without the touch of a knife, and with no attention except that of his wife, who was his only companion in a little log hut, and she had to perform all her other duties and earn a livelihood for herself and injured husband while she was nursing him.

Dr. Powers thought we should take courage, particularly as regards cancer, inasmuch as recent research has removed it from among constitutional diseases and placed it among those of local origin. That it is parasitic in nature and local, are arguments for early operation. Recent investigators have claimed the psorosperm to be the cause of cancer. These psorosperms are found around the nucleoli of the cancer cells, and by constant reproduction they fill the cell, which bursts and liberates into the surrounding fibrous tissue a brood of young parasites. He thought there was hope that cancer would become a manageable disease by early operation.

Dr. Munroe requested all those who had received blanks from him to fill them out and send them to him, and also asked that any member having any points of historical interest in regard to his own work or that of any of his friends, alive or deceased, would confer a favor by sending them to him. He placed at the disposal of any member who desired to compete for the NORTH CAROLINA MEDICAL JOURNAL prize all the information he might be able to accumulate.

Dr. Randolph Winslow desired to bring to the notice of the Society a fact relating to the work of his father, Dr. Caleb Winslow, which would be of interest in writing up the history of surgery in North Carolina. While in this State, even before the late war, he operated 99 times for the removal of stone with only one death. He said that at that time this was the best record in the world, and that even at this date there were probably none better, when it is taken into consideration that his father's cases comprised men, women and children in all conditions, and that they were consecutive cases.

A REPORT OF FIVE CASES OF ABDOMINAL SECTION, WITH FOUR RECOVERIES AND ONE DEATH.

BY W. F. STRAIT, M.D., Rock Hill, S. C.

Read before the South Carolina Medical Association, April 19th, 1893.

Case r.—Ovarian tumor; recovery; colored; aged 17; married; nulipara. History: About a year ago noticed a small swelling in right side, iliac region, and thought herself pregnant, though she menstruated regularly. She gradually grew larger, and not being delivered, as she expected, at the end of nine months, consulted Dr. T. L. Cornwell, who found a large accumulation of ascitic fluid, which he promptly removed. On its rapidly re-accumulating and the patient complaining of pain in right iliac region, together with the history of this swelling in iliac region, he asked me to see the case with him, and suggested that he thought it a good case for operation.

About the 1st of March I made an examination without anæsthesia, but could make very little out of it owing to the tense condition of the abdominal walls; however, taking her history into consideration, I advised an abdominal section, which patient readily accepted.

After preparing her by thorough washing of body and purging, I operated upon her about the 15th March, 1891, assisted by my partner, Dr. T. A. Crawford. Drs. Cornwell, Hunter, Kuyhendal and White witnessed the operation. After anæsthesia all doubts as to the presence of a tumor were removed. It could be distinctly felt through the abdominal walls. On cutting down to peritoneum and finding it distended with fluid, I used a trocar and canula to evacuate it. After drawing fluid off, I proceeded with the operation, and, on opening cavity, found blood running quite freely, which I was at a loss to account for at first, but on further examination, I found it to be coming from the omentum, which had been punctured by the trocar; I took up and tied off at least three inches of the omentum, which struck me as being very remarkable by its diseased appearance. It had the appearance of a bundle of fowl quills, about the size of a crow's quills. I then removed a multilocular ovarian cyst of about 15 pounds weight, flushed out cavity with warm water, put in a small rubber drainage-tube and closed incision; patient reacted well. Removed drainage-tube on second day.

She made a rapid and uneventful recovery, and was able to visit us at our office in less than four weeks.

Case 2.—Large fibroma molli, 65 pounds; death on seventh day. Judie; colored; aged 47; married; no children. History: About eight years ago she noticed an enlargement of abdomen, which increased rapidly.

She was then under the care of Dr. Edmunds, of Ridgeway, S. C. Some time after its appearance he, together with Dr. Robertson and others, attempted the removal of the mass, but desisted after opening the abdomen.

With Dr. Crawford I first saw the case about June 1st, 1891. She was then suffering from retention of urine, from which she had to be relieved quite frequently with catheter. She was also troubled a good deal with symptoms of

cystitis, causing her intense suffering. On examination we found an immense mass in abdomen which appeared to be partly fluid from impulse by palpation. It pressed so firmly on floor of pelvis that it displaced and converted the bladder into an immense cystocele protruding from vulva. Her suffering became so great that life had become a burden to her, and we were asked to operate if there was any chance to relieve her.

After laving the case before her and telling her the danger attending the operation, she decided to risk the danger rather than endure the suffering indefinitely. After having her duly prepared I operated on September 20th, 1891, assisted by Drs. T. A. Crawford, Wylie, Wilson, Hunter and Cornwell. I made an exploratory incision of five inches, having to cut through an old cicatrix, In breaking up some adhesions, I unexpectedly ruptured a large vein or channel of blood-supply to tumor. The tumor protruded so much that it was impractical to replace it and sew up cavity, therefore I was in a dilemma-to go backward looked as if death was sure, and to go forward was a test of grit indeed. I extended incision from the os pubis to the ensiform cartilage, and, after tearing up the most formidable adhesions, succeeded in turning the tumor from the abdominal cavity. To my dismay, I found the colon for its whole length, together with the cecum, so intimately attached to the tumor that it was with great difficulty I was able to separate them at all. I effected the separation, but unfortunately the tumor slipped when we had it almost separate, and tore a rent in the colon about the sigmoid flexure. The tumor seemed to have for its base the uterus and both ovaries, with broad ligaments. I tied a strong rubber ligature around the tumor, removed it, sewed up rent in bowels, washed out cavity well with warm water, put in drainage-tube, closed incision, treated stump extraperitoneally. The tumor weighed 65 pounds. The patient rallied from the operation fairly well, which had been very tedious and difficult, occupying nearly two hours.

The day after operation the patient was feeling fairly comfortable; temperature 100½°, pulse about 100; second day very little change, if anything more comfortable; third and fourth days about the same, dressing dry and no fetor about it. Her bowels not having moved, we gave her a small dose of mag. sulph. On the fifth day her bowels acted a little once or twice; patient suffering some pain, collapsed, extremities cold. On examining dressing we found fecal matter. We had not removed drainage-tube for fear of the rent giving way. Patient slowly sank and died on the morning of the seventh day.

I did not have the patient weighed before and after the operation, which would have been interesting, for I believe the tumor weighed more than 65 pounds, when we took into consideration the loss of blood. After the operation the patient had the appearance of a very lean animal which had been relieved of its whole intestines. The tumor had pushed the entire small intestines up into the epigastric space, the colon alone remaining in proper place, and it was straightened out till it had the appearance of one straight intestine without the usual ascending, transverse and descending portions.

Case 3.-Ovarian cyst-recovery. History, as given me by Dr. W. G. White,

of Yorkville, who had charge of the case, and asked me to perform the operation, which I did at his private hospital.

Mrs. S. G. R.; white; aged 42; first menstruated at 14 and ceased at 33; mother of four children—the first was born when she was 20—youngest now 14 years old—all living. Her general health has always been good, menstruation regular and easy. She first noticed that she was growing larger in April, 1889. She consulted a physician in the summer of 1891, who pronounced her pregnant. She waited until June, 1892, and consulted Dr. White, who gave her palliatives and constitutional treatment.

I operated on June 8th, 1892, assisted by Drs. T. A. Crawford, W. G. White and Andral Bratton. Drs. Saye, Pressley and Sumter Bratton administered anæsthetic, Drs. J. R. Bratton, Lindsay, Crawford and McConnell being present.

I opened abdomen and removed a tumor of about 25 pounds weight-multilocular cyst. On examination of the tumor after removal, it was evident that there had been a spontaneous rupture at some time in its history. The abdominal cavity also showed unmistakable evidence of some irritant, and there appeared some of the fluid contents of the tumor in the cavity at the time I performed the operation. After washing out the cavity well with warm water, I closed the incision without drainage. I left patient in charge of Drs. White and Bratton, who gave subsequent history: "12 hours after operation temperature 99°, pulse 84; 24 hours after operation temperature 1013°, pulse 100; 30 hours after operation temperature 103°, pulse 150; patient very weak and excessively nauseated; vomited; gave quinine by rectum and digitalis per orem, and brandy and digitalis by hypodermic injection; mustard plaster to stomach; 36 hours after operation fever began to abate; pulse slower and stronger; had a little fever for three or four days, but none worth speaking of. Removed sutures on the tenth day; incision perfectly healed. To-day, July 1st, patient is in good spirits, the only complaint is a little flatulence. Patient returned home the fourth week, and has enjoyed good health since."

Case 4.—Cystic degeneration of ovaries; case of Dr. T. J. Strait's, Lancaster, S. C.—recovery.

Mrs. R. McM.; white; aged 38; mother of two children. History—health good till birth of last child, in June, 1891; labor supposed to have been normal; attended by midwife; fever came on a few days after confinement and lasted for several weeks, with intense suffering in bowels.

I saw her first in Tule, 1892. Then she was in bed very emaciated, and complained if she was even turned in bed. She had been taking morphine pretty freely. On examination I found that she had fever (did not take temperature), pulse more than 100° per minute. Digital examination without anæsthetic disclosed a very sensitive retroverted uterus. I desisted from making a very thorough examination, as it gave her so much pain, but taking her past history and present condition into consideration, I gave it as my opinion that she had tubal trouble, and advised an operation for the removal of same, to which she readily consented. After having her properly prepared, I operated on July 14th, 1892, assisted by Drs. T. A. Crawford, T. J. Straits, J. F. Mackey, Wm. Crawford

and Poover. On opening the abdomen I found the ovaries both cystic, one tube also slightly cystic, though the ovaries were not greatly enlarged. I removed both ovaries with tubes, washed cavity out with warm water and closed incision without drainage.

Patient made a very satisfactory recovery, and was able to return to her home within four weeks after the operation.

Case 5.—Pelvic peritonitis, with adhesion—recovery. AIrs. L. P.; aged 30; mother of seven children—youngest 3 months old; health good previous to birth of last child; labor normal, but fever came on about the fourth day and continued with more or less severity with accompanying symptoms of pain in pelvis.

I saw he ron the 20th day of February, 1893, 3 months after birth of her baby. On examination I found that she was having chills every day with fever ranging from 100° to 102½°, pulse 90 to 108; very tender over right iliac region and suffering intensely with bladder. Digital examination revealed a distinct mass in right iliac region. I suspected pus in tube or abscess in broad ligament, and advised an operation, which she reluctantly consented to. I operated March 6th, 1893, assisted by Drs. T. A. Crawford, T. L. Cornwell and J. M. Hunter; Drs. Wilson and Fewell witnessing.

Before operation her temperature was 102°, pulse 108 or 110. I was not fully decided before anæsthesia as to whether I would do an abdominal section or open from vagina, if we found evidences of abscess after anæsthesia. Not being able to find fluctuations through vagina, I concluded to open abdomen and abide by the result.

On opening abdomen I found intestines adherent to bladder and uterus, and uterus and bladder so intimately united that I feared to separate the two. After breaking up the adhesions of the intestines from bladder and uterus, I endeavored to find ovaries and tubes, but utterly failed, as the pelvic cavity was one mass of adhesion. I therefore contented myself by washing out cavity well with warm water, put in drainage-tubes, closed incision and dressed it as usual. Patient rallied well from the operation, and, with the exception of some disturbance of the bowels, recovered without a bad symptom. Her temperature never exceeded 103°, and I am satisfied was due to disturbance of bowels, already mentioned, caused by imprudent diet, as she took advantage of a little indulgence I allowed her about the fifth or sixth day after the operation.

I removed the sutures on the twelfth day and found a little pus in two suture openings, which immediately disappeared. Patient was able to be up by the fourth week; all bad symptoms relieved, and to-day (April 15th) is able to walk about the house and yard. She eats and sleeps well; no fever, no chill and no bladder symptoms.

DISCUSSION.

Dr. Cornelius Kollock: Ovariotomy at one time was such a terrible operation that very few had the courage to undertake it. But now, since it is an established fact that it is perfectly compatible with the life of the patient, we see the success that accompanies it, especially when done in the careful and skillful manner described by Dr. Strait. I recall here the case of a woman who once

came to me for treatment. Upon examination I told her she was pregnant, but she insisted that she was not. I operated and removed an ovarian cyst from each ovary; I also took out the ovaries and they were in a very disorganized condition. I then again told her that she was certainly pregnant; she said not, but after five months gave birth to twins. That goes to show that, with all the dangers that accompany ovariotomy, it is not barred now, even by pregnancy. The remarkable feature is, how conception could have taken place in the disorganized condition of her ovaries.

SUB-SYMPHASIC CYSTOTOMY.

By H. O. HYATT, Kinston, N. C.

[Written expressly for this Journal.]

The writer's ideal of good surgery has always been the easiest and safest method of operating with the least traumatism. Having done lithotomy by the various methods, and finding drawbacks to each, we, ten years ago, devised a modification of the supra-pubic, which, for want of a better name, we call Sub-Symphasic Cystotomy.

Without discussing the disadvantages of other methods, we will describe our own by the relation of our last case.

March, 1893.—J. D. Carpenter has had stone for fourteen years; urine loaded with mucus, pus and albumen; precipitate, with nitric acid one-third; reaction alkaline; heart weak; digestion poor—a very unfavorable case for operation.

The patient was prepared for operation by a meat and milk diet to acidulate the urine and render it aseptic. Two days after the urine was made acid. Operation was performed, Drs. Woodley and Tull assisting. Hair clipped from pubes; commencing directly over symphysis, a r p. c. solution of cocaine, by several punctures, was injected along line of proposed incision for a distance of four inches in linea alba. The reason of the r p. c. solution was that it will produce as safe anæsthesia as a stronger. First incision carried down to muscles; next, cocaine injected deep down behind symphysis and in a line through muscles up towards umbilicus for three inches. Waiting five minutes, the next incision carried between muscles the deepest point just behind symphysis. With the forefinger carried down behind symphysis, the bladder is separated. In this space the bladder is loosely connected with symphysis by fat and connective tissue. The neck of the bladder is reached at a distance of two inches from upper border of symphysis.

A tenaculum introduced into upper bladder neck steadies it. A curved bistoury, with the back towards symphysis, enters bladder-wall near neck, and is carried, up towards fundus for three-quarters of an inch. This incision brings us upon the stone, and is followed by a gush of probably one ounce of urine.

The bladder needs no distension for this operation; in fact, it can best be done

without it. The point of puncture is always at a safe place. There is here no danger of wounding the peritoneum. A small blunt hook is passed into the bladder and under the stone. With the forefinger on top of the stone to steady it, it is forcibly lifted out of the bladder, the small bladder wound giving way for it to pass through. In the extraction patient complained of pain for the first time. The stone, a rough phosphatic calculus, was about the size and shape of small old-fashioned door-knob; weight one and a half ounces; measured to cm. in shortest circumference and 111 in longest circumference. After removing the stone Dr. Woodley, at my request, passed his forefinger into the bladder-wound, and found the opening moderately tight on the first joint of index-finger. small incision into the collapsed bladder is capable of great distension. Aftertreatment: Bladder washed and T-shaped drainage tube introduced. This filled and perfect syphonage commenced right away, which continued for thirty hours, when leakage at sides of tube commenced. Tube withdrawn, and in six hours there was some control over bladder, which gradually increased as to time; on the third day it could be controlled at least one hour. Fourth day after operation urine became alkaline and septic, which was corrected in two days, but was followed by a thin conical slough of track of wound, which interfered with rapid healing.

Convalescence uneventful. The patient, throughout the period of convalescence, was not very much annoyed, with the exception of the recumbent position, his person and bedding being kept in clean condition. During convalescence patient was frequently visited by a friend who had undergone the supra-pubic operation by a surgeon in another State. This friend was always comparing his condition after operation with D's. He was troubled with constant leakage and its attendant discomfort, while D. kept clean and free from odor. The mechanism of early bladder-control is easy to understand, the bladder-wound being brought in contact with symphysis, which acts as a valve, not a very strong one, to be sure, but it is very comforting to the patient to get rid of the constant dribbling.

This is a very simple and easy operation—one that I would not hesitate to do without an assistant. Instruments required: A hypodermic syringe, a tenaculum, curved bistoury and blunt hook—certainly not a very expensive outfit.

One's own way of doing a thing is always the best. It may be we are unreasonably swayed in favor of this method. We hope some other country doctor may try the method and report results. It is entirely too simple for the city brother to try.

My lithotomy cases have not been very numerous, and, living in a State which is proverbial for sending all its surgery to the North of us, I can scarcely hope, during a life-time, to do this operation a sufficient number of times to present much of a statistical table of operations actually performed.

Clinical Reports.

EXTERNAL URETHROTOMY.

By W. F. CHENAULT, M.D., Elmwood, N. C.

[Written expressly for this Journal.]

James W. Thompson, aged about 50, presented himself to me, September 15th of last year, for treatment. His general condition was bad; much emaciated, but no evidence of organic disease. From his own statement, he had had a perineal stricture, which was of gonorrheal origin, since the year 1862, which caused a perineal abscess, and, as the result, urinary fistulæ formed. There was at the time of my first examination a fistula in the deep urethra, immediately behind the bulb and one in the groin. with abscess on the inside of the thigh, which I freely evacuated. The surrounding parts were greatly condensed. the whole of the scrotum was enormously enlarged and indurated, the urine escaped almost entirely through the fistulous openings, causing an ervthematous inflammation of the scrotum. perineum and inner surfaces of the thighs, scarcely any being discharged through the urethral orifice. He passed his urine in a sitting posture, and his clothing covering the parts was continually saturated with foul-smelling urine. I made several protracted attempts to pass the smallest sized filiform bougie through the strictured urethra on to the bladder, but utterly failed. The patient informed me that no instrument had been passed for years, though repeated attempts had been made by different physicians. Knowing the deleterious effects of extravasated urine upon the tissue with which it comes into contact, and how quickly the vitality of the

infiltrated tissues of the perineum and scrotum are destroyed, and become gangrenous, I at once advised an external urethrotomy, to which he readily submitted.

Attending carefully to his constitutional condition for two or three weeks, an operation was undertaken by Dr. W. J. Hill, of Statesville, N. C., and myself, after having cleansed the parts by a thorough washing with soap and water and bichloride solution. The patient having been anæsthetized with chloroform, a grooved sound was passed into the urethra down in front of stricture and held there firmly. An incision was made exactly in the median line (without a guide), through dense tissue, until the urethra in front of the sound was reached, when an incision was made in either direction through the stricture. Having ascertained that a No. 18 (English scale) steel sound could freely enter the bladder without force, it was withdrawn, and with a No. 10 tunnelled catheter the entire passage was washed out with a bichloride solution, 1-4000, after which it was removed and the urethra allowed to remain empty. The urine was permitted to escape by the perineal incision and no catheter was left in the bladder, as the text-books recommend, believing a foreign body left in the bladder and the urethra might give rise to suppuration, cystitis, urethral fever, or other serious constitutional derangements.

The wound was washed every morning

with bichloride solution, r—4000, and dusted with iodoform, and a No. 15 sound was passed into the bladder every third or fourth day. Local wound healed by granulation, and within four weeks from the time of operation it had solidly united. His general health has been entirely restored, fistulous openings

have healed kindly, and he urinates, passing a full-size stream through the urethra with the greatest ease and comfort.

With the view of preventing contraction, I advised him to procure a set of bougies and pass one from time to time into the bladder.

LAPAROTOMY.

By H. T. Chapin, M.D., Pittsboro, N. C.

On January 24th last I was called to see Mrs. C.; aged 62 years; white. On arrival I found her quite weak and anæmic, with abdomen distended with fluid. On inquiry I obtained the followiug history of her case: Until six years ago she had been in good health and a very energetic and industrious woman. the mother of four children. The menopause had come on at the regular time and with but little trouble. At the age of 50 she detected a sore and tender spot on the right side, over the region of right ovary, with gradual enlargement. She consulted two physicians about her condition, but nothing was done except to put her on tonics. tried a great number of patent medicines, but of course received no benefit, As the enlargement progressed she suffered more pain and became very anxious

I performed paracentesis and got two gallons of fluid, and could then feel through the abdominal wall a round, hard tumor, about the size of a man's head, which I diagnosed as ovarian tumor, and advised her that the proper thing to do was to operate and remove it. To this she stoutly objected. At intervals of every three weeks I was

sent for to relieve the accumulated fluid by tapping, and at each time obtained from a gallon and a half to two gallons of fluid. On account of the very great drain upon her system, she became very weak and was confined most of the time to her bed. Finally, realizing that she must submit to an operation or die, she sent for me to come and operate. I called in Drs. W. E. Headen and R. L. Gattis to assist me, and, after satisfying themselves of the correctness of my diagnosis, we proceeded, on the 19th of April, to operate. After thoroughly chloroforming the patient, an incision was made in the median line 8 inches long, extending from the symphysis pubis upward. In cutting down, the sack containing about a gallon of fluid, was cut open and the contents poured out into the abdominal cavity. The fluid being removed, the tumor was lifted up and a pedicle about six inches long found. A silk ligature was thrown around the pedicle near its base and tied, and the pedicle severed just above the ligature and the tumor removed. The intestines were held to one side outside of the wound, covered with a piece of flannel that had been dipped into very warm water. A rubber bulb 236 Abstracts.

syringe was used to thoroughly irrigate the abdominal cavity with warm water that had been boiled for some time. The water was used until it returned clear and free from any blood-stain, showing that no hemorrhage was going on. The intestines were thoroughly cleansed and returned and the cavity closed. Eight interrupted sutures were introduced, holding the edges of the wound together, Strips of adhesive plaster 10 inches long were placed across the wound, and some well-carded cotton placed over the whole wound and a good cloth bandage put around her, and she was then put to bed. No drainagetube was used. A few syringefuls of whiskey and a half grain of morphia were given hypodermically. She rallied

well from the operation and chloroform. The next day, at 12 o'clock, her temperature was 100 4-5°, and at no time did it go above that. She was nourished by an entirely fluid diet, consisting of milk, milk-toddy, egg-nog and soups. For one week the bladder had to be emptied twice a day with a catheter. On the tenth day the sutures were removed and the wound found to be healed. A few stitch-hole sinuses formed, but were well in a few days. So rapid was her recovery, that she was out of the bed and assisting in her household affairs at the end of three weeks.

The tumor weighed six pounds. The operation was done in a farm-house, with no conveniences or hospital arrangements, etc.

Abstracts.

DR. J. GARLAND SHERRILL (New York Med. Journal) says in treating buboes. whether simple inflammatory, virulent or specific: Instead of wasting time trying to abort the inflammation, and after watching the case for two or three days, if the patient still suffers much pain and inconvenience, I resort to the immediate removal of all the inflamed glands. A free incision over the inflamed tissue down to the glandular structure, will reveal the inflamed gland lying loose in its capsule. Very little difficulty will be experienced in its removal. The hæmorrhage should be controlled and the wound irrigated with hot water containing some antiseptic; if preferred, dried and sprinkled with iodoform; then packed with iodoform gauze and covered with a compress fixed by a spica. The dressing should be

changed on the second day, and at longer intervals after that time The advantages afforded by this method are:

- 1. A complete and rapid recovery—at the very longest—in two weeks.
- 2. Relief of the patient from a number of weeks' suffering and inconvenience, as it is possible for him to be out in three days, and the pain is instantly relieved.
- 3. The almost certain prevention of a virulent sore, and this of necessity excludes the possibility of the wound being attacked by phagedæna.
- 4. The absence of danger or difficulty in carrying out the treatment.
- 5. The relief to the surgeon from the well-worn phrase, "Doctor, I am no better." Hearing this every day or so for a number of weeks grows very tiresome.

The only objection that could possibly be offered to this plan of treatment is that it leaves its history in the scar. But what plan of treatment does not leave a scar? And I think very little stress can be laid upon a slight disfigurement in this locality. All I ask for the plan is a trial, and I am positive that, once used, no other plan will take its place.

TROPACOCAINE IN OPHTHALMIC PRACE TICE. - Dr. George Ferdinand (British Med. Jour., June 24, 1893, p. 1,318) thus sums up his experience in the use of tropacocaine. Tropacocaine is more reliable than cocaine. Its action appears to extend more deeply, and the anæsthesia it produces lasts a little longer. During its action there is complete absence of the haze over the cornea which is so characteristic of cocaine anæsthesia. The strength of the solution depends on the requirement. For general use 2 or 3 p. c. is sufficient, but a 5 p. c. solution may be used with safety when anæsthesia of the deep-seated parts is required. Its solutions, prepared with distilled water, keep well and retain their strength for months. In solutions of the above strength it gives rise to no disagreeable symptoms and evinces no mydriatic or hæmostatic properties. He has never known it to be followed by profuse hemorrhages such as have been reported by Seifert. He thinks that tropacopaine, if only for its antiseptic properties, will eventually replace cocaine.-Int. Med. Mag.

THE DEVELOPMENT OF THE INTRA-PELVIC TREATMENT OF THE STUMP AFTER HYSTERECLOMY FOR FIBROID TUMGRS. (Amer. Jour. of Obst., etc., June, 1893.) By Dr. J. Biddle Gough.— In this paper the author dwells upon the value of the operation described by

him, which has the following features: (1) The large, distinct, peritoneal flaps with which the stump and all traumatic tissue involved in the operation are buried beneath the peritoneal cavity: (2) the transfixion of the stump inside these flaps; and (3) the utilizing, when necessary, of the cervix as a drainagetube. He tells us that in 1891 Zweifel. of Leipzig, reported a series of 51 cases with two deaths, by a method that corresponds in all essential particulars with Dr. Goffe's method, thus giving a mortality of only 4 p. c. This is the best record made by any operator with any method, and puts the operation on a par with the success of ovariotomy. Competition for supremacy lies between this method of leaving the pedicle and total extirpation. The disadvantage of total extirpation is the technical difficulty of removing the cervix. By leaving the cervix as a stump the traumatic tissue is disposed of with all the nicety of a plastic operation, the parts are restored to their normal relations in the pelvis, and no raw surface is left to contract adhesions or produce obstruction. Statistics are strongly in favor of retention of the cervix. Fifty-one operations with only two deaths, a mortality of 4 p. c., and the last 27 an unbroken series of successful cases, is the standard that is set for the total extirpationists .- Int. Med. Magazine.

Atropia in Uterine Hæmorrhage.—Bloom (Philad. Polyclinic): Freund, if I mistake not, was the first to call attention to the value of this drug in uterine hæmorrhage. This was as recently as a year and a half ago, since which time I have used it in some 30 cases, embracing almost all the pathological conditions which give rise to hæmorrhage from the uterine organs. In not one case did the drug fail to con-

trol the hæmorrhage, and in many cases after the first dose there was a decided improvement; in no case did the drug have to be repeated more than six times. As was first suggested, the hypodermic use of the drug is decidedly preferable, on account of its relieving, in a very few minutes, the most profuse uterine hæmorrhage. It should be given in doses of 1-100 gr., repeated in from three to four hours, or at longer intervals, as the symptoms may indicate. We appreciate the fact that in the large majority of cases curetting and local treatment would have cured; but so many contingencies arise in the treatment of each case that we cannot always do what is best. It then becomes necessary to control symptoms in some other way; and for this particular symptom we have found, when measures cannot be carried out for the cure of the case, that atropia acts in an emergency and does control uterine hæmorrhage. My plan at the dispensaries of the Polyclinic and Gynecean Hospitals, where most of the cases came under my notice, was to give 1-100 gr. sulphate of atropia hypodermically, and request the patient to return the following day, at which time the dose was repeated. In the interval I prescribe 1-100 gr, triturates of the same drug to be taken from six to eight hours apart, as required to confront the bleeding, and in this way I have the best results. As to the action of atropia upon hæmorrhage, this is probably due to the fact that its physiological action upon the vaso-motor nervous system is such as to contract the blood-vessels.—Brooklyn Med. Jour.

REPORT OF THE COMMITTEE ON RESTRICTION AND PREVENTION OF TUBER-CULOSIS.—This report was read before the American Public Health Association, at its meeting in Chicago, by the chair-

man of the committee, Dr. J. N. Mc-Cormack, of Bowling Green, Kentucky. The committee offered as its report the following conclusions and recommendations:

- r. Tuberculosis has been conclusively demonstrated to be contagious, by bacteriological experiments, by clinical observations and by a study of the history of the disease.
- 2. Tuberculosis is a preventable disease. Its preventability follows as a logical sequence upon its contagiousness, but has likewise been demonstrated in practical life.
- 3. The contagium of tuberculosis resides entirely and solely in broken down tubercular tissue. A person suffering from tuberculosis, therefore, does not become a source of danger to others until he begins to give off broken down tubercular tissue, either in the form of sputa from the throat or lungs, diarrheal discharges from the bowels, or matter from a tuberculous sore, such as lupus, white-swelling, cold abscess, scrofula or tubercular inflammation of a joint.
- 4. A person suffering from tuberculosis can be made entirely harmless to those about him by thorough sterilization of all broken-down tissue immediately upon its being given off. With proper precautions it is therefore possible to live in the closest relation and upon the most intimate terms with consumptives without contracting the disease.
- 5. Tuberculosis is not hereditary. ?? predisposition to the disease can be transmitted from parent to offspring but this is no more true of tuberculosi than it is of all other contagious diseases
- 6. A predisposition to tuberculosi can be created anew by malnutrition o by anything which depresses the nervou system.

- 7. Tuberculosis affects animals as well as man, and is identically the same disease in both. In domestic life human beings and animals mutually infect each other.
- 8. The media through which human beings are ordinarily infected by animals are milk and meat.
- 9. Houses in which consumptives have lived and in which immediate sterilization of all broken-down tissue has not been practiced, are infected houses, and are liable to convey the disease to subsequent occupants.
- ro. Spitting upon floors and into handkerchiefs and permitting the brokendown tissue to dry and become pulverized, is prolific cause of spreading tuberculosis.
- 11. Temporary occupation of hotelrooms, sleeping-car berths and steamercabins by consumptives in the infectious
 stage can infect 'them so as to convey
 the disease to subsequent occupants
 unless proper precautions are taken
 against contamination of the bedding,
 furniture and walls with broken-down
 tubercular tissue

We recommend the following practical measures for the prevention of the disease;

- r. The notification and registration by health authorities of all cases of tuberculosis which have arrived at the infectious stage.
- 2. The thorough disinfection of all houses in which tuberculosis has occurred, and the recording of such action in an open record.
- The establishment of special hospitals for the prevention of tuberculosis.
- 4. The organization of societies for the prevention of tuberculosis.
 - 5. Government inspection of dairies

and slaughter-houses, and the extermination of tuberculosis among the dairy cattle.

- 6. Appropriate legislation in regard to spitting into places where the sputum is liable to infect others, and against the sale or donation of objects which have been in use by consumptives, unless they have been thoroughly disinfected
- 7. Compulsory disinfection of hotelrooms, sleeping-car berths and steamercabins which have been occupied by consumptives, before other persons have been allowed to occupy them.

[The reports and recommendations of the committee were adopted.]—Medical and Surgical Reporter.

SIR JOS. LISTER ON CARBOLIC ACID.-After twenty years' experience Sir Jos. Lister renews his allegiance to carbolic acid. He declares it is not only a more efficient surgical germicide than corrosive sublimate, but is much more efficient in cleansing the skin. It has a powerful affinity for the epidermis, penetrating deeply into its substances, and mingles with fatty materials in any proportion. Corrosive sublimate, on the other hand, cannot penetrate in the slightest degree into anything greasy; hence those who use it require elaborate precautions in the way of cleansing the skin. All of this is unnecessary with carbolic lotion. He does not even employ soap and water, but trusts entirely to the phenol. There is now in the market a new antiseptic, a combination of thymol, eucalyptus and boric acid, and known as Thymol Eucalyptus Antiseptic, which, though admittedly a trifle slower in action than carbolic acid, is equally efficacious, and more pleasant to use. It is a true germicide.-Medical Age.

Reviews and Book Motices.

The Diseases of the Nervous System. A Text-Book for Physicians and Students. By Dr. Ludding Hirt, Professor at the University of Breslau. Translated, with the permission of the author, by August Hoch, M.D., assisted by Frank R. Smith, A.M. (Cantab.), M.D., Assistant Physician to the Johns Hopkins Hospital. With an Introduction by William Osler, M.D., F.R.C.P. With 178 Illustrations. Royal octavo, pp. 683. Cloth. D. Appleton & Co.: New York, 1893.

Professor Hirt has departed from the ordinary classification of nervous diseases, and in the volume before us has divided his subject into three classes—indicated by their anatomical position. In the first are included the diseases of the meninges, the brain substance and the cranial nerves; in the second the spinal cord, its meninges and nerves; and, in the third, the diseases of the general nervous system, including diseases with and without any known ana tomical basis.

Locomotor ataxia and general paralysis of the insane have been classed with diseases of the general nervous system with known anatomical basis. In making this deviation from the usual classification the author anticipates sharp criticism; but in his introductory note Dr. Osler expresses the opinion that this classification is a distinct advance, and that while the arrangement of subjects is somewhat novel, it is justifiable and entirely satisfactory. It was through Dr. Osler's earnest solicitation that the consent of the author to have the translation made was obtained.

In treatment the author takes the middle way between those who look for little relief in nervous diseases through medical interference and those who would lead all such sufferers to expect a cure. He attaches to hypnotism an important place in the treatment of functional neuroses, and says of the post-hypnotic action: "This action, which, in certain cases, can be obtained only by suggestion; is sufficiently important to warrant and insure to hypnotism a lasting place in science." A section devoted to this agent gives its history and describes the method of producing the state in willing and unwilling subjects.

The chapter on tabes dorsalis is especially lucid and satisfactory. The author has obtained no benefit from the use of the suspension method of Motschukowsky. The temporary relief from the pains and bladder troubles returning in a short time.

While he does not attach as much importance to the use of electricity as is done by some of the enthusiasts in that branch of therapeutics, he commends its use in certain conditions, and claims to have often derived much benefit from its application.

We are surprised to see so little notice taken of Dr. Weir Mitchell's rest-cure in the treatment of hysteria and neurasthenia, which has proven of so great service in this country.

The author has been fortunate in having such careful and fluent translators. The mechanical work is excellent, and the illustrations are refreshingly new.

American Text-Book of Gynæcology.

MR. W. B. SAUNDERS, Publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard, Kelley, Pryor, Byford, Baldy, Tuttle and others, who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book, notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

A Manual of Medical Treatment or CLINICAL THERAPPUTICS. By I. BURNEY YEO, M.D., F.R.C.P., Professor of Therapeutics in King's College, London. In two 12mo, volumes containing 1275 pages, with illustrations. Complete work, cloth, \$5.50. Philadelphia: Lea Brothers & Co., 1893.

The author says, in calling attention to the fact that he has "endeavored to avoid the tedious digressions, especially in the foot-notes, which add so greatly and unnecessarily to the bulk of" some of the former works of the same nature as this, under no circumstances are these volumes to be considered as intended for "ready reference." Nothing could be more alien to rational therapeutics than the treatment of disease by "rapid reference."

The diseases are grouped according to their physiological relations, and in each case is given a condensed description of the morbid anatomy, the symptomatology being considered more fully, while in keeping with the object of the work the indications for treatment and the means for carrying them out are dwelt upon at length.

Professor Yeo's position in the medical world as a man of careful investigation and sound judgment, will make this work a favorite with those who would feel confident that they are following in the footprints of a trusty guide, and few who will have the oppor-

tunity of examining the work will be satisfied to be without it.

The Physician's Leisure Library.

TREATMENT OF STERILITY IN THE WOMAN, By Dr. De SINETY, Translated by E. P. Kurd, M.D. George S. Davis, Detroit, Mich., 1893.

In this little volume the author has gone carefully over the many causes of sterility and made suggestions for the treatment of each.

RECENT DEVELOPMENTS IN MASSAGE. Historical, Physiological, Medical and Surgical. By Douglas Graham, M.D., Fellow of the Massachusetts Medical Society, etc. Second Edition. Illustrated. George S. Davis, Detroit, Mich., 1893.

This is not intended as a text-book on massage, but rather as a supplement to the author's "Treatise on Massage," which was issued in 1890. After giving the history and the physiological effect of massage, he discusses its application in the different conditions for which it has been suggested. He by no means approves of its use or has faith in its efficacy in every condition for which it has been recommended. For instance, he reviews the theory of massage in chronic diarrhoea, as advanced by Eccles, and concludes that it would be far more suitable in chronic constipation.

Psychopathia Sexualis, WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. A Medico-Legal Study. By Dr. R. von Krafft-Ebing, Professor of Pschiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised German edition. By Chas. Gilbert Chaddock, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis; 436 pages, Extra Cloth, \$3.00 net; Sheep, \$4.00. Sold only by Subscription. Philadelphia: The F. A. Davis Company.

This work is an attempt to study the

causes for sexual perversion, as they bear upon its legal and therapeutic relations. The work has reached its seventh edition, which means that it has been circulated largely outside of the medical profession, and this, doubtless, for the gratification of an impure curiosity, and not for scientific purposes.

It is largely a collection of examples of the many horrible ways in which these wretched victims seek to satisfy their unnatural desires, and while the book may serve a useful purpose in the hands of scientists who would seek to cure this condition, it is not a proper book to be upon the shelves of a general practitioner, where it may fall into the hands of those who might be led by it into paths of crime and sin they would never have discovered otherwise. Our volume has been placed in the darkest corner of our highest shelf.

Outlines of Practical Hygiene, Adapted to American Conditions. By

C. GILMAN CURRIER, M.D., Visiting Physician to the New York City Hospitals, Fellow of the New York Academy of Medicine, etc. Octavo. Pages 468. Cloth. Illustrated. E. B. Treat: New York, 1893. Price \$2.75.

In preparing this work the author had in mind the lack of a compendious work upon practical hygeine that was adapted especially to American conditions. The views expressed are not those of a single writer, but have been arrived at after a a careful study of the many works on the subject which the author had at his command, and also of the current literature that has appeared up to the time of publication of his book. He therefore presents the latest and most generally accepted opinion on matters tending to promote public health, and has set them forth in a style that is pleasant and interesting, and at the same time clear and decided, and in a shape which

is convenient and which will prove acceptable to the reader,

We can commend especially the chapters devoted to sanitary plumbing, school hygiene, and the inspection of meats, as being especially useful.

The work will be of great value to physicians generally, and should be in the hands of every health officer and sanitary plumber. It is well printed on fine paper, and the illustrations, many of which are new, are excellent and well adapted to explain the text.

A Text-Book of Medicine for Students and Practitioners. By Dr.

ADOLPH STRÜMPELL, Professor and Director of the Medical Clinique at Erlangen. Second American Edition. Translated by permission from the Second and Third, and thoroughly revised from the Sixth German Edition by Herman T. Vickery, A.B., M.D., Instructor in Clinical Medicine Harvard University, etc., etc., and Philip Coombs Knapp, A.M., M.D., Clinical Instructor in Diseases of the Nervous System Harvard University, etc. With Editorial Notes by Frederick C. Shattack, A.M., M.D., Jackson Professor of Clinical Medicine Harvard University, etc. With 119 Illustrations. Royal Octavo. 1043 pages. Cloth, \$6.00; Sheep, \$7.00. D. Appleton & Co., New York.

The first American edition of this work appeared in 1886, and met with such universal favor that it has been adopted as a text-book or a work of reference by 28 medical schools in this country. This first translation was from the second and third German editions since which time three other editions have been issued. The author has been industrious and careful in his revision, nearly every page showing additions and changes, which have been made necessary by recent investigations. Among the more important changes is an entirely new chapter on Influenza,

while important changes and additions have been made in the chapters on cholera, malaria, diseases of the nose and larynx, syringomyelia and diabetes. In the former translation all that is said of influenza is embraced in less than three lines, viz: that "febrile bronchial catarrh sometimes appears as an epidemic outbreak, usually associated with catarrh of the other respiratory mucous membranes."

Especially in the sections devoted to Diseases of the Nervous System do we have evidence of the author's deep learning and thorough investigation. While in the treatment of general diseases his teaching is not always in accord with the American school, in treating of pathology and etiology, clearness and accuracy mark every line of his writing.

The footnotes by the Editor, Dr. Shattuck, serve to supply all deficiencies in matters where the author has differed from the teachings in this country, and there is also a complete chapter on Insolation from his pen, this disease having been entirely omitted from the original work, being almost unknown in Germany.

The translators have done their work well, and the general excellence of the former translation is as conspicuous in the present. With the teachings of so eminent a scientist as Prof. Strümpell, supplemented by the careful criticism of Prof. Shattuck, we have here the outcome of the best German and American experience, that will prove a safe and satisfactory guide.

Hernia: Its Palliative and Radical Treatment in Adults, Children and Infants. By Thos, H. Manley, A.M., M.D., Visiting Surgeon to Harlem Hospital, etc., etc. Cloth. Octavo. 231 pages. The Medical Press Co., Philadelphia, 1893.

Readers of current medical literature are not unacquainted with the writings of the author of this volume, who has contributed many articles to the journals of this country. The present monograph is a review of the whole subject of the palliative and radical treatment of hernia, with criticisms and suggestions based upon the author's experience.

The conditions in infants and children calling for different methods of treatment are carefully and conservatively considered, with the view of making as plain as possible the course to be pursued by the general practitioner. In treating of the radical treatment, the more important operations are described and illustrated. The author, in the 58 operations for strangulated and nonstrangulated hernia, done by himself and tabulated at the close of the volume, has followed no orthodox plan, but has suited the operation to the particular case, making such modifications as the conditions seemed to call for. He always recommends the wearing of an artificial supporter afterward,

There is evidence of too little care in the proof-reading and other little things which go to make up perfection in a book, but these do not detract from the practical value of the volume as giving the result of much experience.

NORTH CAROLINA MEDICAL JOURNAL.

ROBERT D. JEWETT, M.D.. | Editors and Proprietors. J. ALLISON HODGES, M.D.

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Editorial.

THE DISCOVERY OF CHLORO-FORM

Ossian Guthrie, in the Apothecary, contributes a communication in which he discusses the claims of the different persons who claim priority in the discovery of chloroform. He says:

"Chloroform was discovered in 1831, and has been variously known as chlorkohlenstoff, by Liebig; ether bichlorique, by Soubeiran; sweet whiskey and chloric ether, by Guthrie. There were three claimants for the honor of that discovery, Leibig of Germany; Soubeiran of France, and Guthrie in America. All the litelature on that subject may be said to be contained in three volumes, viz: Liebig's Annalem, November, 1831, Vol. CLXII., page 161, which fixes the date of Liebig's claim. Soubeiran's claim was published in the October number of the Annales de Chimie et de Physique, while Guthrie's claim was published in Vol. XXI., page

64 of Silliman's American Journal of Science and Arts" (without date).

A letter from the Editor of the American Journal of Science and Arts says that Vol. XXI, was issued in two numbers. and that No. 1 was issued October 1st: that there is nothing to show positively in which of the three months, July, August or September, Dr. Guthrie's paper was printed, but it was probably in July. This number contained 200 pages and Dr. Guthrie's description of chloric ether appeared on page 64, as above stated. The author has a vivid recollection of the discovery of chloroform. He was five years of age on the 28th of February, 1831, and on the 29th of April, 1831, his brother was born, He and his sister had unrestricted privileges in their father's laboratory, and there, before the birth of his brother on the 29th of April, they tasted the agreeable flavor and inhaled the never-to-baforgotten odor of sweet whiskey. There

is no doubt that this occurred before the birth of the brother above mentioned, for a few weeks after that event Dr. Guthrie removed to Sacket's Harbor, and thus the author was deprived of the opportunities he had before enjoyed.

In the communication he gives Dr. Guthrie's method of preparing chloroform and a cut of the still he used Dr. Guthrie says on page 65 of Silliman's Jonrnal: "During the last six months a great number of persons have drunk of the solution of chloric ether, not only freely, but frequently to the point of intoxication." Among those who received samples of chloric ether which was sent by Dr. Guthrie to Prof. Silliman for distribution, was Dr. Ives, one of the faculty of Yale College. Dr. Ives became greatly interested and administerd it in various cases. Among Dr. Ives' patients was a Mr. D., a consumptive, to whom he administered it by inhalation, and this was the first chloroform ever administered in this way, and with results unknown.

THE DISCOVERY OF SURGICAL ANÆSTHESIA.

Dr. Luther B. Grandy, Editor of the Atlanta Medical and Surgical Journal, contributes an article to the Virginia Medical Monthly in which he discusses the claims of Dr. Crawford W. Long as the discoverer of surgical anæsthesia, In preparing his paper, Dr. Grandy has had access to all the documents, correspondence and certificates which had been gathered by Dr. Long in support of his claims to priority. He has also had opportunity to correspond and converse with persons who were personally acquainted with Dr. Long and are familiar with the incidents connected with his first use of ether.

On page 248, Vol. XXXI., of this

Journal, in the course of a paper on "The History of Surgery in South Carolina," by Dr. E. F. Parker, appear the conclusions of a committee that had been appointed "to investigate the claims of the original discoverers of the anæsthetic properties of ether and its successful application in surgical operations." The second conclusion of this committee was that Dr. Wilhite was the first to produce profound anæsthesia, which was in 1841; and the third, that Dr. Long was the first to intentionally produce anæsthesia for surgical purposes, which was in 1842.

Dr. Grandy states that when Dr. Long's case was being argued before Congress, in February, 1854, Dr. Wilhite gave a certificate to Dr. Long with these words: "I entered the office of Dr. C. W. Long, of Jefferson, Ga., in October, 1844, where I continued about eighteen months. Not long after I entered his office, and not later than 1845, I heard the said Dr. Long speak of having used sulphuric ether by inhalation to prevent pain in surgical operations, he referring to a period before I entered his office." He also copies a letter from Dr. Wilhite to Dr. Long, in which the former tries to induce the latter to furnish Dr. J. Marion Sims with some data he desired for incorporation in a paper he was preparing on this subject. In this letter Dr. Wilhite is quoted as saying: "As I have been the means of giving the investigation of this subject its present shape. I am exceedingly anxious that you should give all the information you can, that you may, and justly, too, receive the credit of this great discovery."

In the meantime, Wells, Jackson and Morton, with some assistance from each other, arrived at the anæsthetic properties of ether and nitrous oxide gas; and Morton secured a patent on ether under the name *Letheon*. Morton was a

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dentist and used ether for the extraction of teeth upon the suggestion of Jackson. At the Massachusetts General Hospital, in 1846, he administered his letheon to a patient of Dr. Warren's for the removal of a tumor from the neck.

The fact that these men were in the midst of the great medical centers, while Dr. Long was shut up in a secluded corner of a Southern State, with little opportunity of publishing his investigations, was sufficient cause why the latter's claims were over-shadowed by those of his more conspicuous brethren in the North. However, when a bill was introduced in Congress to purchase Morton's patent for \$100,000, Long's claims were also presented, and were so strong as to block the bill.

There seems to be little doubt as to the correctness of Dr. Long's claims. His discovery was based on scientific deductions from observing that persons who had inhaled ether received bruises without suffering pain. We trust that Dr. Grandy's expectation will be realized, that the next Georgia Legislature will place a statue to Dr. Long in the National Gallery of Statues in Washington.

THE AMICK TREATMENT.

In a recent issue of the JOURNAL we called the attention of our readers to our doubt of the genuineness of the press dispatches which from time to time appeared in the telegraphic columns of the lay press giving marvellous accounts of cures effected by the "Amick treatment of consumption," and cautioning them to investigate the character of the concern before responding to the offer of the venders of the treatment to supply physicians with samples of the remedy.

Dr. James E. Reeves, of Chattanooga, recently wrote a postal card to a friend

in which he denounced the thing in undisguised terms. He was subsequently arrested on the charge of Dr. Amick's representative for an alleged misuse of a postal card. The Federal grand jury before whom the charge was heard returned, "Not a true bill."

It is high time that the practice of quackery in and out of the profession should cease to be tolerated by those who still honor and respect the noble profession of which they are members, and loyal physicians should not condescend to even inquire into the merits of a claim which bears upon its face the plainest evidence of fraud and deception. The JOURNAL responds a most hearty Amen to the following resolutions which were unanimously adopted by the Philadelphia County Medical Society:

"Whereas, Dr. James E. Reeves, of Chattanooga, having denounced the so-called 'Amick Cure' for consumption as a quack nostrum, and stated that its proprietor was not a physician in good and regular standing, was accused of criminal libel; and

"Whereas, The grand jury has ignored the indictment brought against him, be it

"Resolved, That the Philadelphia County Medical Society congratulates Dr. Reeves on his bravery, a bravery unfortunately too rare at the present day, and tenders him sympathy in the persecution to which he has been subjected;

"Resolved, That no person who makes, deals in, or advertises as a cure a quack nostrum, that is to say, a preparation the composition of which is kept secret, can be termed a physician in good and regular standing, because such action is ipso facto sufficient to cause forfeiture of membership in this or any other County Medical Society governed by the laws of the American Medical Association.

"Resolved, That a copy of these resolutions, duly attested with the signature of the President and Secretary

and with the seal of the Society, be forwarded to Dr. Reeves, and that they be handed to the press with the request for publication."

[We learn that Dr. Reeves has also won the civil suit that was pending.]

WE WILL NEVER KNOWINGLY admit to the pages of the JOURNAL any advertisement which is not, in our opinion, in strict accordance with the dignity of a high-class journal and in keeping with legitimate practice. We regret to say that, in the great press of work during the past two months, we permitted an advertisement to have a place in the Journal which would never have been accepted had it been carefully scrutinized before it was put into the hands of the printer. This advertisement has been withdrawn and the advertiser notified that it cannot appear again.

Motes of Practice.

Bramwell (Brit. Med. Jour.) reports rapid and marked success in the treatment of psoriasis by feeding with one-fourth of a raw thyroid gland daily. The gland is given finely minced. He was led to use it in this disease by noticing the marked action of the remedy on the nutrition of the skin when administered in myxædema.

To bring away an obstinate ligature, Dr. Wm. J. Love applies continuous traction by the following means: A small elastic band is attached by one end to the ligature, and after being stretched to a degree that will secure a sufficient amount of traction, it is attached by the other end to a piece of adhesive plaster, applied in such locality as will cause the traction upon the ligature to be direct. Generally the ligature will come away in twelve to twenty-four hours.

During the progress of a surgical operation lately in Syracuse, N. Y., it became necessary to clear the throat of accumulated mucus. The sponge slipped from the holder, was drawn into the larynx, and the patient was suffocated. The coroner's jury, while not desiring

to censure the hospital authorities, criticised the carelessness of the attendant, who attempted to clear the throat of mucus, believing the sponge must have been either rotten or insecurely attached to the wire. Considering the interference with respiration resultant upon the great secretion of mucus during anæsthesia, we would suggest the hypodermatic injection of atropia a few minutes prior to the operation.

Vaginal Injection after Labor.--Eberhart (Centralbl. f. Gynäk., No. 37, 1893) maintains that injections are always needed after delivery when there is gonorrhea, when there is any other profuse discharge, when the vaginal mucus is foetid, when the temperature rises, and when any obstetric operation has been performed. Otherwise the injections are not needed in normal labors in private practice. In hospitals they must always be used. Eberhart has seen the best results follow preliminary vaginal douches, after Kaltenbach's practice. He uses them in private as well as in hospital. He has discarded sublimate, and employs a 1 p. c. lysol solution. For intra-uterine injections lysol should always be employed,

The Use of Purgatives in Surgical Practice. - Nicaise (Rev. de Chir., September, 1893) holds that careful and constant attention to the state of the bowels constitutes an important element in the management of cases of wounding and of surgical operation. Disturbances of nutrition, as is well known, usually occur after the operative removal of any diseased or destroyed part. The intestinal canal, which before surgical intervention received products coming from the affected structures. afterwards receives them from the traumatic centre. The mixture of these latter products with the ordinary contents of the intestines may result in the formation of fresh toxic bodies. The intestinal fermentation may thus become putrid, and this condition, if not promptly dealt with, may cause symptoms of general poisoning due to the absorption of the products of putrefaction. This state of the intestines following surgical operations should, the author holds, be treated by intestinal antisepsis and the administration of purgatives. Intestinal antisepsis, which in every abdominal operation should always be secured before as well as after surgical interference, consists in the administration of frequently repeated doses of naphthol and salvcilate of bismuth. The choice of the purgative agent, which is given in the author's practice on the third or fourth day after the operation, should depend on the results the surgeon wishes to obtain, and also on the condition of the patient. If it be desirable simply to relieve the intestine of its contents which are not in a state of abnormal fermentation, it will usually suffice to administer castor oil, rhubarb or calomel. The last purgative will have the advantage of acting on the liver, the functions of which are sometimes disturbed both by the operation itself and by the anæsthetic. If, on the other hand, the intestinal canal contains much putrid matter, and its fæcal and gaseous contents are very fœtid, such purgatives should be used as cause intestinal hypersecretion. Indeed, in these conditions the purgative ought to exert a depurative as well as an evacuating action. The intestinal putrescence is due not only to fermentation taking place within the canal, but also to the addition of the products of malassimilation, and of those of absorption from the seat of the traumatic lesion. In cases of this kind recourse should be had to saline purgatives, which, by causing an abundant hypersecretion from the intestinal wall. will tend to free the blood and the whole organism from the noxious excrementitial products. Fœtid diarrhœa occurring during the treatment of an injury or after the operation, should not, it is held, be arrested, but, on the contrary, so long as the stools are fœtid, should be treated by purgatives .- Brit, Med. Tournal.

Treatment of Diphtheria.-In a paper read before the Mississippi Valley Medical Association, Dr. Galloway, of Xenia, O., discussess a mode of treatment, based on 234 cases in hospital and private practice, in which the death-rate was 14 p. c. In all reports from private practice the rate was below 10 p. c. Treatment was both local and constitutional, the former being considered of secondary importance. Under constitutional treatment, immediately the nature of the disease was suspected, the writer gave 1 gr. of calomel for each year of the patient's age up to 18, repeating the dose in four to six hours. and met the action of the mercurial with copious hot water injections. This treatment was persisted in until the full action of the calomel on the liver and kidneys was obtained, relieving these two important excretory organs of the paretic condition caused by the absorption of the toxalbumin product of the Klebs-Loeffler bacillus, Improvement in the patient's appearance was immediate if the mercurials acted freely, The quantity of foul smelling grassgreen dejecta resulting is astounding. There is no fear from salivation, as under the most heroic use of mercurials no symptom of salivation has been observed by the writer or his friends. Internally corrosive sublimate was given up to one-eightieth of a grain, with full doses of tincture of chloride of iron and alcohol hourly at night and during the day. Local topical treatment consisted of peroxide of hydrogen, onequarter solution, for cleansing the throat, which was commended, while as an escharotic 12 grs. of salicylic acid to I drachm of alcohol were used twice a day by the physician only. It proved of great value in the writer's hands. This escharotic is very powerful and should be used carefully, if needed .-Indiana Med. Jour!

Bates (H. Elliott) on Nitroglycerine Hypodermically for the Relief of the Epileptic Paroxysm.

—Twelve cases reported in which nitroglycerine, gr. 1-100, was administered hypodermically during the epileptic convulsion, which was followed by immediate return to consciousness and relaxation. In all the cases the after-effects of the attack were markedly lessened, the patients recovered without fatigue and general demoralization, and the sudden transition from an object of terror to a rational being, has been of considerable value to patient and physician. It is not claimed for the method that it is curative. It does shorten the attack, saves the fatigue, and, I believe,

has some influence on the frequency of the attacks. The after-treatment consists of the administration of the bromides in a bitter infusion, hopes being preferred, and the use of minute doses of nitroglycerine.—N. Y. Med. Jour.—Epit. of Medicine.

A New Diagnostic Sign of Typhoid Fever.—Baruch (N. Y Med. Jour.) lays great stress on the early recognition of the disease, believing that the successful issue of the case is almost assured if the Brand bath treatment is inaugurated prior to the fifth day of the disease. The method adopted by the writer in hospital and private practice is as follows: So soon as a patient shows a rectal temperature above 102,5° in the morning and 103° in the evening for three successive days, especially if accompanied by headache, dulness or apathy, he is placed into a full bath at oo°, which is reduced to 80°, with constant friction over the body. In three hours, the temperature still being above 102.5°, he receives another bath five degrees cooler. This is repeated until the temperature of the bath is 75°. If one or more of these baths fail to reduce the rectal temperature two degrees in half an hour, the diagnosis of typhoid fever is almost certain, and the bath treatment is continued. The point he desires to emphasize is that the resistance of the rectal temperature to a bath of 75° for fifteen minutes with friction is an almost certain test of typhoid fever. If the rectal temperature before and after a bath of 80° to 75° is not reduced at least one degree in half an hour, the diagnosis of typhoid may be safely made. Hence the diagnosis of this disease should no longer be obscure. Stress is laid on the fact that after the cold bath the mouth temperature shows a difference of one and a half to two degrees from the rectal, and not a half to one degree, as is usual.—Epitome of Medicine.

Miscellaneous Items.

Under this head space will be given, free of cost, to those *paid-up* subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina

will be appreciated by the Editors.

A Good Opportunity

for all the readers of the JOURNAL to add to their office decorations a beautiful and historic engraving, will be found in the following

SPECIAL OFFER:

An elegant engraving of Dr. Harvey Demonstrating to Charles the First His Theory of the Circulation of the Blood, will be mailed, free of all cost, to any new subscriber sending Two Dollars in advance, who will also receive the JOURNAL to December, 1894.

To any old subscriber who sends a new subscription, or prepays his own subscription a year in advance, we will mail the engraving free.

To paid-up subscribers we will mail the engraving for *One Dollar*, and to any other person for *One Dollar and a Half*.

The size of the engraving is $22\frac{1}{2} \times 17\frac{1}{2}$ inches, mounted on heavy board 24×32 inches. It is an elegant work of art, after the celebrated painting by Robert Hannah.

The price must accompany the order in every instance.

One of the New York newspapers lately gave prominence to a most imaginative article on disease of the vermiform appendix. The writer took the position that operations for that disease were done with unnecessary frequency, and cited a case in which an individual affected with it had declined surgical interference and had ultimately coughed up his appendix.—N. V. M. J.

Dr. "Gold-Cure" Keeley has withdrawn his suits against the London journals for libel, and pays the bill of costs himself.

By the will of the late Charles B. Beck the New York Hospital and the Presbyterian Hospital will receive each about \$900,000.

Dr. A. K. Bond has resigned the editorship of the *Maryland Medical Monthly*. His successor has not yet been announced.

Two ladies have been appointed in Kensington, England, as sanitary inspectors in the workshops where women and children are employed. They have undergone a course of special training to qualify them for their important duties.

Dr. George M. Gould is engaged in a study of the pernicious effects of albinism on the eye, and desires that physicians to whom the subject is of interest will send him all the ocular reports in their power of any cases of albinism that may fall under their notice.

A remarkable case of Fragilitas Ossium is reported by Dr. Wallace Blanchard in the Amer. Med. and Surg. Bulletin. The patient is a woman, aged 27, and there have been no less than 106 instances of fracture in the long bones. But little force is necessary to cause a fracture, the weight of the body in standing being sufficient to fracture the

legs. The patient has spent her life on pillows in a baby carriage. She is quite bright, intellectually.

Dr. R. L. Payne, Jr., of Lexington, was awarded the Dr. Hunter McGuire prize of \$100 for the best essay on "Obstructions to the Function of Micturition."

At the last meeting of the American Electro-Therapeutic Association, Dr. W. J. Herdman, of Ann Arbor, was elected President, and Dr. Margaret Cleaves, of New York, Secretary; Dr. Franklin H. Martin, of Chicago, and Dr. A. Lapthorn Smith, of Montreal, Vice-Presidents; Dr. R. J. Nunn, of Savannah, Ga., Treasurer, for the ensuing year. It was decided to hold the next meeting in New York City, on the last Tuesday in September, 1894.

A death from chloroform is reported from Charlotte, N. C. The anæsthetic was administered for the performance of an operation on the eye. The patient had been accustomed to the use of narcotics, which were taken for relief of pain in the diseased eye, and which had lost their influence.

A very important case was tried at Yadkin court at the recent term. It was a Mrs. Pardee against J. E. Gough & Son, merchants of Hamptonville, who sold Mr. Pardee strychnine through mistake for quinine. Mr. Pardee, who could not read, took a dose of what he had bought for quinine and died in a very short time. The widow Pardee gets \$900 through a compromise.— Winston Sentinel.

A party of about 60 distinguished members of the P. A. M. C. were carried in a special car provided by the Government to Chicago to visit the World's Fair. They stopped in one or two im-

portant cities en route, where the local profession gave them a hearty welcome and a delightful entertainment. In Detroit they took the opportunity of visiting and inspecting the extensive laboratories of Messrs. Parke, Davis & Co., and F. Stearns & Co., and were amazed at the remarkable facility and accuracy with which these concerns turned out their excellent products. They were doubtless filled with greater wonder when they reached the White City and beheld the thousand and one marvelous works—the choice products of every country on the globe.

It is stated that the Ferris Wheel, that living evidence of man's audacity of conception and skill in execution, will not be removed, as it would entail an expense of about \$80,000.

Dr. D. S. Rhodes, of Rocky Point, N. C., lost his life on the night of the 6th instant, by falling into an unused well in which there were several feet of water. He left the railroad station about midnight to go home, and not having been heard of the next morning, search was instituted with the result of finding his body in the well. He was about 33 years of age.

The press despatches of October 13th state that W. R. Warner & Co., of Philadelphia, have obtained the highest prize for the purity and perfection of their medicinal and officinal standard pharmaceutical and chemical products. We offer our congratulations to Messrs. Warner & Co. for this high and merited compliment.

The yellow fever epidemic at Brunswick still holds on. The number of cases have reached about 1,000, with a death-rate of about 6 p. c. Frost will probably appear in a few days and end the danger for this year.

Reading Protices.

How a Case of Gleet of 6 Years STANDING WAS CURED. -- Dr. H. E. Potter, of Clifton, Kan., writing, says: "A case of gleet of six years standing, being the result of gonorrhœa, and which had resisted all other treatment, was cured by the use of one bottle of SAN-The prostate in this case was METTO. very much enlarged, and an attempt had been made to reduce it by means of saw palmetto, but the stomach rebelled against the nauseous taste of this drug, and it had to be discontinued before any impression was made. I consider SAN-METTO an excellent preparation, and capable of doing all that is claimed for it. In addition I find it an excellent cardiac tonic. Its manufacturers have surely succeeded in making palatable two valuable, but nasty remedies."

"Substitution,"-Dr. G. L. Weiss, of Lebanon, Pa., writes: Messrs. Wm. R. Warner & Co.: "Some time ago I ordered INGLUVIN through another house, knowing that your goods are widely distributed throughout the country, and apprehending no difficulty in procuring the genuine preparation. When your representative called upon me I informed him that I had been disappointed in securing the very satisfactory therapeutic results previously obtained in the administration of this remedy; and when I stated that I had been supplied with a preparation in bulk, I was told that it was put up only in 1 oz. bottles and not in bulk, and that a substitution had been practiced upon me. This fully explained why I had failed to get the results anticipated and such as I had always succeeded in obtaining. Thus it seems you are much interested, because my patient was not relieved, my anticipations not realized, and during the interim I discontinued to prescribe Ingluvin.

This condition of affairs is likely to become prevalent, unless checked, and it is calling it an easy name to say that it is a crime against the doctor, patient and the manufacturer.

Substitutions of medicines should be

suppressed, and doctors should be observant and careful to specify, so as to insure the dispensing of the genuine article."

IN A PAPER on the treatment of Cholera, Dr. Elmer Lee says: "For internal treatment my experience taught me that the medicinal peroxide of hydrogen, of Marchand, given in cupful doses of the strength of 4 p. c., or even much stronger, was a better antiseptic than any other drug heretofore known in the treatment of cholera. Then the treatment would be, first, immediate irrigations with hot water and soap, using from one to three gallons at a time twice a day for the first and second day. Once a day afterwards, if required which is seldom the case. At the same time cleanse the stomach with medicinal peroxide of hydrogen and hot water used freely-by urging the patient to drink. The feeding and nursing are the same as would be required by a patient suffering from septicæmia or other prostrating disease,'

Dyspersia.—Deranged digestion is the most common of all human ailments. It is a truism that no organ of the body can preserve its normal integrity when its supplying nerve is disordered by lower tone, but this fact is largely ignored in these modern pepsin daysthe cause being lost sight of whilst try ing to remedy the effect. It is well known that an unusual worry or anxiety will upset the digestion of the neurotic patient. Hence, in treating dyspepsia, particularly atonic dyspepsia, that form met with in persons of low vitality and poor appetite, there are two distinct indications, one is to subserve the needs of general nutrition, the other is to subserve the needs of the nervous system. This can be done by giving the patient good nutritious food and a good nerve tonic. This explains why such remarkable results follow the daily use of Celerina in all dyspeptic troubles.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization
—Potash and Lime

The Oxydising Agents-Iron and Manganese;

The Tonics-Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOW, 48 Vesey Street, New York.

WORD

EXTRACTS MALT

The Physician's province is not invaded by the solicitation of lay custom for our malt products.

Our Malt Preparations are Medicinal Products to be dispensed by the Pharmaeist as the Physician shall prescribe.

A malt extract, properly speaking, is both a nutritive and a digestive-nutritive because of the presence in it of a large percentage of digested starch; and digestive by virtue of the diastase it contains. It should be remembered that in the administration of predigested foods the stomach is entirely relieved of the labor ordinarily incident to digestion, and the assimilation of the full quantity of nourishment introduced into the alimentary canal is thus assured. Malt extracts, as regards their digestive power, are valuable or not, according to the care exercised in their manufacture and the amount of diastase which they contain. This, fortunately, is a matter capable of easy determination by estimating the action of a given quantity of any sample upon starch, under conditions similar to those which prevail during natural digestion.

We have devoted much time and study to the subject of digestives and their manufacture, and in introducing to your attention our malt extract we do so with the positive knowledge that it is at once a more active diges live and concentrated nutrient than any similar preparation now on the market.

Asi le from the digestive and nutritive value of malt extract its sweetness and palatability make it a valuable vehicle for the administration of remedies possessed of a disagreeable or nauseating taste.

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Is respectfully requested to write for our literature upon Malt Extract and and its combinations, particularly "A Word to the Medical Profession," which forcibly illustrates

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Original Communications.

Contributions to this Department are solicited, especially from the profession of North and South Carolina.

Contributors will be furnished, free of cost, twenty-five extra copies of the issue containing their article, if so desired. Reprints will be furnished at cost, in any number desired, if application is made at time of sending manuscript

REPORT OF CASES OF ABDOMINAL SECTION.

By George R. Dean, M.D., Spartanburg, S. C.

Read before the South Carolina Medical Association, April 19th, 1893.

The following cases, taken as they appear on my note-book, have been watched for some time, and I now feel that I can safely report them, and give their after-condition in connection with their previous history. They were all invalids and were suffering from pathological conditions that would fully warrant the operations that were advised and performed, except possibly two that were suffering from pathological changes, yet not sufficient in themselves to require operation. In these two cases the nervous element predominated to such an extent that it was deemed advisable after trying every known means that offered any hope of success to operate. In both cases the end justified the means, and while the patients are not in robust health, yet they are relieved from great suffering and their health is fairly good, enabling them to look after their own households.

All the other cases were operated upon really as life-saving measures—taking the subjects out of beds of suffering and placing them upon their feet.

Case I.—Lizzie S., aged 27; white; unmarried; a country girl; no history of contamination; had been confined to the house for a year, and almost an invalid for four previous years. When I saw her she was a pitiful object—wan, haggard, pale and weak, in bed most of the time, or reclining on sofa, great pain on walking in both flanks and in back; tenderness on pressure over lower abdomen, difficulty when bowels move—constipation. Examination disclosed enlarged

adherent ovaries, with a bad retro-flexion; ovaries exceedingly tender to the touch. I put her on treatment, such as douches, laxatives and tonics; they gave no permanent relief. This was April 13th that I first saw her. In August she consented to an operation; so on August 15th, 1889, in this city, I operated, assisted by Drs. Heinitsh, Blake, Towler and Evins. The usual preparations that I advise were instituted. Her bowels being freely moved the day before and the day of the operation by salines, abdomen scrubbed with soap and water, bichloride of mercury, and lastly with ether. A small incision, 2½ inches (after anæsthesia by ether), opened the abdomen; found left ovary large and encysted, prolapsed and adherent; right ovary smaller than normal cyrotic, prolapsed and adherent. Both were torn loose from their anchorage, and with the tubes tied off at each corner and removed, incision closed with silk (plaited), no irrigation, no drainage.

She recovered nicely from shock, and without opiates passed the period of confinement in bed without any untoward circumstance; sitting up on the 13th day. She is now stout and well, free from back-ache, and can work twelve hours a day in a cotton mill without any inconvenience.

Case 2.—Mrs. W.; saw this case with Drs. Heinitsh, Parsons, Drummond and Nesbit. Found a tumor of lower abdomen extending to diaphragm; much emaciation and a great deal of cedema of feet and legs; pulse rapid; breathing much labored, and her general condition that of great discomfort.

On the 19th of April, with the assistance of the above-named gentlemen, I operated; with the usual preparations opened abdomen with small incision; delivered sac, which was thick and heavy, after tapping with large trochar, and then tying off pedicle with double ligature close to cornu, removing tube also. The right ovary was sound and I did not disturb it; contents of cyst were semisolid, and I was unable to say whether it was a sarcoma or dermoid—weight 20 pounds.

She rapidly recovered; went to the table on the seventeenth day, contrary to my wishes and instructions, however. Four months later she had a fall, striking a hard substance against her right side over region of liver. Abdominal dropsy supervened and she died two months later. Whether or not this accident had had any connection with the trouble that followed, or whether or not it was a dropsy, or a return of the sarcoma, if one originally, I am unprepared to say, as I saw her only once after that, and had no opportunity to investigate her case carefully. However, up to the time of the fall (four months) she had been in good health, and had made long visits across the country in a wagon and had been regularly attending to her household duties. She died two months later.

Case 3.—Mrs S.; this lady was thought to be pregnant, and had, though under protest, by herself made arrangements for her approaching confinement. Her physician had seen her several times, and, while a little uncertain, still felt that all was safe. She finally came to bed, sent for the doctor, and with his advice kept to bed, as she thought, in labor. This was kept up for two days, when another doctor was called. He also thought it a case of delayed labor, and so another day was passed. Still another doctor was called, and he was rather in-

credulous as to her being pregnant at all, and believed there was something wrong. Finally I saw her, diagnosed ovarian cyst, and advised operation, to which she and family readily consented.

I operated two days later (January 24th, 1890) under usual precautions. The cystoma had eight pockets, and was bulky after contents were let out; so that the incision had to be enlarged from its original length, (3 inches) to 6 inches; ovary and tube involved and removed on right side; left ovary and tube were sound, and were therefore left intact—irrigation with hot water; drainage; abdomen closed with silk as in the other cases.

She made a good recovery; sat up the twelfth day—tumor weighed 48 pounds. Since the operation she has given birth to two children.

Case 4.—Mrs. C.; this lady was confined on ——; three days later a swelling was noticed in right side, and a fever set in which resembled sepsis. Dr. Hsaw her with her attendant, and felt that it might mean mischief; prescribed laxatives and quinine, with instructions to let him know if there was no improvement the next day. The seventh day after confinement he was notified that she was worse, so at his request I went with him to see her; found her a very sick woman; pulse 120; temperature 103°; a haggard and sodden face, with great restlessness. I advised immediate operation. This being agreed to by the doctors present, the family also consenting, at 9 p. m., by lamplight, I opened the abdomen, taking every precaution as to asepsis in all the surroundings. The incision was 5 inches long, being barely large enough to turn out a huge ovary. After the sac attached had been emptied of its fluid contents, the ovary and its surroundings, after all fluid had been turned out, weighed about 2 pounds. Its growth after confinement had been rapid, Dr. H- noticing quite a difference in the twenty-fourth hour that elapsed from his first to our subsequent visit. The wound was closed, after irrigation, and patient returned to bed in less than forty minutes from the time ether was begun,

She made an uninterrupted recovery and has since been in excellent health. She has told me since that her "lying-in" was no more unpleasant than usual, and that her recovery was as complete. Temperature fell immediately after operation to 99\frac{3}{2}^{\circ}.

Case 5.—Mrs. P.; this woman had long been a sufferer; married and the mother of four children, the youngest 15 years; 36 years of age; had good health up to her last confinement; did not get up well; was confined to bed for five or six weeks; finally got up and began to look after her household affairs. But her life was a burden to her, and her doctor's bills a burden to her husband. When I first saw her she was one of those miserable-looking women we often see about dispensaries, who never smile, and are chronic complainers. I examined her, and, while I felt that an operation was the thing needed, I dreaded it, because I thought her one who would never "feel better." Examination revealed two enlarged ovaries, highly sensitive, and exceedingly painful to the touch. I used tampons of cotton, hot douches, iodine externally and in vaginal vault, and everything else to no effect. She persisted in her desire for an operation, so eventually I operated with usual preparations, assisted by Dr. Heinitsh and

others; incision $2\frac{1}{2}$ inches; ovaries and tubes removed close to cornu; wound stitched with plaited silk and patient returned to bed.

The patient recovered without hindrance; up in three weeks about the room. Her condition after her recovery is all that I could ask. She is now a strong, healthy woman, able to look after her affairs about home and fulfill all the relations of a married woman, and really "feels better."

Case 6.—Mrs. S.; widow; 33 years old; married six years; before husband's death one child, 11 years old; health good until birth of child; great difficulty in first labor. Two physicians were with her for several hoars. Long and tedious recovery; three months before she could be out and about her affairs. She had pretty fair health for about three years, when it began to show signs of failure. She first had pain in bladder and about the cervix, and bearing-down pains; had also frequent attacks of peritonitis localis, and the nervous system suffered greatly. Her husband's death added much to her distress; she lost much of her vision and hearing, and had attacks of pain in head and eyes that would almost render her demented at each return of her menses. These phenomena would return, gradually increasing in length and severity, until her life was but one series of attacks and recoveries, partial at first, but less so as time passed on, until at the end of five years she was a wreck, both mentally and physically.

I saw her on January 21st, 1891. Her condition at that time was pitiful indeed. Dr. H—— made a careful examination of vision and hearing, but found no lesions, and we deemed the trouble there to be situated on the brain. To-day she would see and hear pretty well, to-morrow she could do neither. But these were the least of her troubles; her pelvic trouble was increasing, and she was apparently in the depths: Vaginal examination revealed no positive lesions excepting in the ovaries, which were cyrotic, and the left one prolapsed and adherent—womb flexed posteriorly— The greatest pain was in the right flank, where there seemed the least trouble, as revealed by examination; bladder sensitive, and she had much difficulty in voiding her urine.

I kept her under treatment for one month, using every means at my command to relieve her of her trouble. But she gradually grew worse, as had been the case before. I finally told her and her mother that there was no hope of benefiting her, save by operation, and I could not promise relief even by that, only in so far as her trouble on the return of her menses was concerned. I thought that might probably be relieved, as the removal of the ovaries would ultimately remove that phenomena. She accepted the situation and was anxious for the work to be done. I was not very hopeful myself, but trusted some good might result in such a proceeding.

On February 24th I operated, assisted by Drs. Heinitsh, Moore and Vernon; made small incision 2½ inches long; both ovaries diseased, and were, with the tubes, tied off, as usual, close to the cornu; no drainage; she rallied well and made a rapid recovery, improving mentally and physically at the same time, and returned to her home four weeks from date of operation apparently restored to health except as to her eyes and ears. They were not materially, though a little improved. Her improvement continued for four months, when, a case of sick-

ness occurring in her family, rendered it necessary for her to assist in the kitchen and sick-room, and this was kept up until she broke down, after four weeks of excessive labor and watching. She was now seized with grippe, and for three weeks her physician thought her case was hopeless. She slowly rallied, however, and was gradually gaining her lost ground, when, in April, 1892, she had a return of the grippe, and had to undergo six weeks of intense illness, when she again rallied. At this time she is in good bodily condition in all respects except a form of neuralgia that occasionally attacks the bladder, and her head, eyes and ears still trouble her. I recently saw her and made a vaginal examination; uterus "infantile," and all parts adjacent in a healthy condition; no tenderness or sensitiveness about bladder, vagina or rectum. In fact, all of her symptoms have improved, and I feel that the operation was a justifiable one, and one that, in the light of subsequent events, has proved a benefit to the patient.

Case 7.-Mrs. C.; the first I saw of this woman she was seated in her wagon in front of my office with furniture for a room, for she had come to me prepared to furnish a room and not return until after an operation. She was fearfully emaciated; lower limbs @dematous; heart-beat weak, and great pallor of surface of skin. Examination discovered large cystoma; operation advised, though not until she should recover some flesh and strength. This she declined, as she was poor and had no means of remaining away from home longer than was absolutely necessary, and, further, she had left a large family of little children and was anxious to return to them as quickly as possible. So, after two day's preparation, I reluctantly consented to do an operation. She was 30 years of age, mother of nine children, and was a frail woman naturally. Her history was that of most women in this condition-often disabled-then on her feet again. She had had repeated attacks of local peritonitis, and I guessed there would be many and strong adhesions. With the aid of Drs. Heintsh, Evans and Vernon, I removed the cystoma, it having 16 pockets and weighing about 32 pounds. She rallied well, though slowly. This case I drained, as there had been extensive adhesions over the greater portion of cyst wall; some oozing, but this, under hot-water douching, soon subsided. I remained at the house, as I usually do, after the other doctors had left, washing and replacing my instruments, keeping an eye on my patient and talking and jesting with her. Some hours after, while I was in another room, she was permitted to turn over. When I returned and examined the drainage-tube I found fresh blood in my syringe. I waited a moment and again found fresh blood. I re-turned her carefully to her former position on her back, waited a few moments longer, then, using the syringe to cleanse drainage-tube, I found more fresh blood, too much to treat with indfference. I sent for Dr. H- My patient soon went into shock. We opened the abdomen and examined stumps and ligatures; they were all intact. The blood came from all the surfaces torn from the adherent cystoma, and, while not great in quantity, was more than she could lose. We packed in hot aseptic sponges, restitched the wound at long intervals and replaced the bandages. She rallied some, but sank and died 18 hours after operation and 14 hours after the sponges were placed in the abdomen. During the operation she lost no blood, comparatively—not two tablespoonfuls—but in the hemorrhage she lost possibly 3 or 4 ounces. I found that when the tumor was removed there was nothing left of my patient but skin and bones. She was fearfully emaciated, but had she remained quiet I have no doubt she would have recovered.

Case 8.—Mrs. R.; a colored woman; large and fleshy; age 36; fibroid; large as a child's head; involving walls of uterus. She was bleeding over half the time, and under treatment did not improve. Lately she had bled, on several occasions, until she feared she would die. I placed her under careful habits, regulated diet, and such other treatment as I thought would benefit her, and kept her under my care for some months, refusing to operate, as I found that her heart was not in good condition, there being a slight mitral murmur. However, after two or three months of delay, she insisted so earnestly that I finally consented to operate. She had in the meantime had two bleedings that seemed destined to finish her before they could be stopped. After I had arrived at the house to operate, I told her there was great danger of her dying on the table. She replied that she would rather die trying to get well than to sit still and do nothing and bleed to death. So, accepting her theory as correct, I opened the abdomen and placed the wire nude around the neck of the uterus, and just then I noticed her breathing became embarrassed, and, upon examination, I found the heart had ceased, and she died while on the table. Drs. H-and B-were with me and agreed with me that her death was from heart trouble. While this was an unfortunate ending for the patient and for me also, I feel that, under the circumstances, I did what was proper in her behalf. When one is dying and begs for a chance to live, I, for one, am ready and willing to risk my reputation in trying to save them. This was the only motive that prompted me to interfere in her case, for I began it with fear and trembling.

The next Case (No. 9), Miss S., a maiden lady, 35 years of age, had noticed an enlargement of lower abdomen for nearly 15 months, but as it gave no trouble, she gave it no attention until a short time before I saw her. Her friends prevailed upon her to have me see her. Examination revealed a large fibroid, or rather a soft myoma, as large as a fœtus at 8 months. She was not bleeding more than usual, and her menses returned at regular intervals. She had lately complained of pains in abdomen and constipation. She would not consent to operation, so I kept her under general treatment until she finally consented, as she could but realize that she was gradually losing her health and strength.

On April 19th, 1892, assisted by Drs. Joseph Price, Heinitsh and Fully, I removed the myoma, using a Koeberly serre-nœud, stitching the stump in the lower angle of the womb and the peritoneum covering it, to the peritoneum of the abdominal wall, thus making the stump extra-peritoneal. The tumor was estimated to weigh 16 pounds. Patient rallied well and without any medications save salines; made an uninterrupted recovery; stump came off on the twenty-second day; sat up on the twenty-eighth day, and from that time on has improved. She now feels perfectly well, and does all the house-keeping and cooking for a large family.

Case 10.-Mrs. P.; aged 28; white; an invalid for five years; sometimes up;

often in bed; suffering from pain in region of ovaries and bladder; history of local peritonitis repeatedly. Examination revealed womb fixed; both ovaries enlarged and the pelvis full of something indistinguishable; excessively tender on pressure. She had been under treatment for some months, when I saw her, by an intelligent physician, and I was sure he had given her good treatment, so I felt that local or general treatment would bring no relief. I therefore recommended an operation for the removal of whatever might be found that was causing the trouble. She consenting, assisted by Drs. H—— and P——, I opened the ahdomen, on April 30th, 1892, removed ovaries and tubes imbedded and adherent to cysts. These in turn were adherent to everything adjacent. It took time and patience to remove all, but this I did together with both the ovaries and tubes, which were greatly diseased.

This case recovered nicely, and is now at work, comparatively comfortable, although bleeding every four weeks regularly. This is peculiar, for I know I removed both ovaries complete.

REPORT OF CASES FROM PRACTICE.

A CASE OF APHASIA FOLLOWING TWIN DELIVERY—A CASE OF OBSTRUCTION AND SLOUGHING OF A PORTION OF THE SMALL INTESTINE.

By A. A. Moore, M.D., Camden, S. C.

Read before the South Carolina Medical Association, April, 1893.

A Case of Aphasia Following Twin Delivery.

Mrs. S. B., aged 32, was confined December 27th, 1892, with twins. There was profuse post partum hemorrhage, with great collapse, necessitating the free use of stimulants. Complete reaction was established in an hour or two, and her case progressed satisfactorily. On the 11th of January, or two weeks after delivery, she sat up for the first time, apparently quite as well and cheerful as could be expected. That night she went comfortably to sleep, but awoke about midnight groaning with neuralgia pains in her head and neck. Although I was not called to see her during the night, she was given 60 grs of bromide of potassium, and then slept until morning. The pains having then returned again, I gave her $\frac{1}{2}$ gr. codein, to be repeated in a half hour if not relieved. This, however, afforded only partial relief.

On Friday, the 13th, she drank a part of a cup of coffee. About two hours afterwards she was discovered in an unconscious condition, and remained so three or four days. During this time her respiration was somewhat hurried, her pulse accelerated, and her temperature ranged from 102° to 104°. Her bowels and kidneys were acting properly. At this juncture my friend Dr. A. W. Burnet was called in consultation at my request. He suggested the application of a flyblister to the scalp, as there was some dilatation of the pupils, indicating cerebral pressure, as we believed. But the blister drew very imperfectly. In addition to the other treatment, I had also ordered hot mustard foot-baths two or three times a day. At the same time as much liquid food was given as she could

be induced to take. At length, however, she gradually aroused from this unconscious or lethargic condition, but the power of speech appeared to have entirely deserted her. Yet she seemed to fully comprehend what was said to her; for, when spoken to, she would pleasantly smile; when asked to show her tongue she would immediately do so, or when I would get my thermometer to take her temperature she would at once open her clothing. There was not the slightest symptom of paralysis anywhere, for even her tongue, when protruded, did not deviate to either side

Finally, to our great relief and delight, her speech began slowly to return. At first, when asked any question, she could only reply in the monosyllables "too me, too me," repeating them too or three times in succession. As improvement progressed she would make great efforts to express herself, and in a very impatient or troubled manner would exclaim, "Oh! I can't." She was unable to recall the proper words for her use, but made ridiculous and painful blunders, although she is an intelligent and well educated lady. About the middle of February, or a month after this attack began, it was with much difficulty that she could read her Bible. She could spell such words as "reigneth," but could not pronounce them.

On the 27th of February, two months after confinement, I called to see her, and she could not call the names of her nearest neighbors. And even at the time of this report (April 8th) she has by no means entirely regained her speech.

This is a brief history of this case, recorded partly from notes and partly from memory. And as it exhibits an inability both to remember and to pronounce words, it may probably be termed a case of *annesic and ataxic aphasia*; for, besides the forgetfulness of words, the co-ordinating mechanism of speech is evidently involved.

If the brain lesion, of whatever nature it may be, is such as to seriously and permanently impair the function of Broca's region; then, adopting the "doctrine of the duality of the cerebral organs of language," we may hope for the development and vicarious agency of the corresponding organs of the right hemisphere. We therefore believe that the proper treatment of this speech disorder will include such mental and physical hygiene and training as will promote the formation anew and gradual enlargement of the patient's vocabulary. At the same time we fear that the future of the case is very unpromising as to the complete restoration of the linguistic faculty.

A Case of Obstruction and Sloughing of a Portion of the Small Intestine.

W. H. Z., aged 40, clothing merchant, was suddenly attacked at his store, January 21st, 1893, with violent pains on the right side of the abdomen. The pulse was weak and there was some pallor of the face, also spasm of the hands and fingers. I at first thought that I had a case of renal colic to contend with, as the symptoms somewhat resembled those of that affection, although the kidneys had acted during the day, and the bowels had been moved that morning. Several hypodermics of morphine afforded only partial and temporary relief. He was never free from pain, and the next day the whole abdomen became tym-

panitic and tender. I then began to suspect that the diagnosis lay between typhlitis and intestinal invagination. In addition to the abdominal tenderness, on a very careful palpation I thought I could feel a tumor in the right iliac region. Up to this time there had been no further movement of the bowels. This, I thought, however, might be due, in some measure, to the anodynes that had been given. At any rate, although it is opposed to the teaching and experience of the present day, I concluded to venture to give cathartics, but without any effect. As the condition of the patient was becoming critical, I believed, and further delay might be fatal, I deemed it imperative to seek counsel, and Dr. A. W. Burnet was called to my assistance. After mature deliberation, we agreed that we would wait until the following day, when, if there was no improvement, we would feel justified in resorting to laparotomy. On the following morning, however, our minds were much relieved by finding that the patient had had two or three bilious actions, showing that the obstruction, wherever and whatever it was, was at least partially removed. Dr. Burnet then did not consider it necessary to see the patient again, but left him to my care. But his progress towards recovery was very slow. The tympanitis and tenderness on deep pressure continued, the abdominal walls having a leathery hardness. Fever developed, his temperature ranging from 100° to 1031°. Meanwhile his symptoms fluctuated very much, feeling one day much better and the next day less comfortable. This condition of things remained until the 14th of February, twenty-four days after he was first attacked, when, with an excessively fetid discharge from the bowels, he passed a partion of intestine. The fetor clearly indicated that the process of gangrene had been probably going on all this time.

For a day or two afterwards the evacuations were of a dirty, watery character, stained with blood, and with a few small clots floating in them, which evidently came from the raw surface left by the slough. He sat up for a short time a day or two previous to the detachment of the slough; but after this occurred I confined him to the bed, giving a grain of opium occasionally to prevent peristalsis of the bowels, and feeding him upon bland and nourishing liquids. His actions gradually assumed a more healthy and natural character, his other symptoms improved, and I now began to hope for a speedy and uninterrupted convalescence, but the end of the trouble was not quite yet; for on the 23d of February an inflamed erysipelatous swelling appeared just below the lobe of the right ear, involving a part of the neck and cheek. I at first viewed this unexpected complication with much apprehension lest it might be incipient septic infection. But by the 2d of March, or a week after, it had subsided under treatment, and there was steady improvement in all the symptoms until final recovery.

Up to the time when this patient resumed his business the case embraces a period of eight weeks.

Owing to the acknowledged difficulty of this subject, and the conjecture and doubt by which it is encompassed, it will be observed that I have not hitherto attempted to locate this trouble; but my belief is that it was either in the lower portion of the ileum or at the ileo-cæcal junction.

I sent the pathological specimen to Dr. Robert Wilson, of Charleston, for mi-

croscopic examination, and he makes the following report: "It is composed of two layers. 1. Mucous, containing bundles of new-formed connective tissue, arranged irregularly throughout the layer. The normal structure of this layer has been almost wholly obliterated by the long-continued inflammatory process, the only traces of which I am able to detect being a few remains of the crypts of Lieberkühn. 2. Connective tissue. This is present in the form of a rather broad band, the fibres of which lie, for the most part, parallel to each other, in straight or wavy bundles. No trace of muscular tissue can be found. I therefore conclude that the specimen is a slough of the small intestine comprising the two intestinal layers only, viz: the mucous and the sub-mucous."

DISCUSSION.

Dr. W. P. Porcher: Specialists in the last few years have had their attention directed to a condition of aphonia, supposed to be due to complete closure of the glottis in adults. I had recently in practice the case of a lady who came to me with supposed hypertrophied tonsils, but I found she did not have enlarged tonsils. I made an application of the galvanic battery to the tonsils and cautioned her against drinking hot coffee. The next morning she took a teaspoonful of coffee and was immediately seized with this choreic spasm and fell unconscious on the floor. By the time I got there she had recovered consciousness. She was ordered to grs. of calomel and to grs. of soda, which caused but one evacuation. She remained for days very drowsy and stupid, and it was not until she was put on strychnine, grs. 1-20, t. i. d., that she regained anything like self-control.

Dr. Moore: I must insist upon my diagnosis of aphasia in my particular case. It was the lack of co-ordinating power in the organs of speech, showing inability to use certain muscles. She could make sound, but could not form words.

Dr. Napier: I had a similar case some time ago. Some three or four days after being confined the patient became unconscious, and after she came to she could not pronounce her words. I attributed it to an embolus. She gradually recovered, but nearly a year afterward was seized with an epileptic convulsion, followed by three violent epileptic seizures, since which she has had no more of them. She had no symptoms of paralysis.

Dr. Darby recalled a somewhat similar case which he had treated with cerebrine, given twice a day. Her speech improved under this treatment.

VIS NATURÆ.

By A. M. BALLARD, M.D., Buncombe County, N. C.

Read before the North Carolina Medical Society, Raleigh, May 9th, 1893

It is with some misgiving that I take your time and offer in exchange what may seem so poor an equivalent. What I have to say concerning the relative position which drugs occupy among the various resources of nature in the efforts to cure disease was suggested by witnessing an exhibition of "The art of curing disease by expectation or waiting."

Vis Nature et Vis Medicatrix Nature.

One of my medical friends asks, "What is it in English?" Now, this is just what I am going to speculate about, and if we can understand what it means in nature, then we know what it is in English, and in every tongue on the face of the earth. If I reply that Dunglison defines it to be a term employed to express that instinctive healing power in animal or vegetable, by virtue of which it can repair injuries and remove disease, does my friend understand any better the full signification of the term? We only know a thing so far as we know all its properties, functions and modes of acting. There has been a great deal of flippant talk about the power of nature to cure, and this talk has been indulged in many times, doubtless, without stopping to consider what nature is, or what are her powers. We believe in the power of nature to cure and her power also to kill—all powers belong to nature, but not always do these forces obey her will. It is only when these forces are disobeying or are diminished, that we should interfere. There is a class of minds who think they must believe what they are expected to believe; who have an excess of veneration or reverence for current notions of society and the age in which they live. They are so ultra fashionable that they follow the fashions in their belief.

When Symon says, "Thumbs up!" theirs turn up; when he says, "Thumbs down!" down go theirs. They would rather appear to be anything, even a chamelion, than unfashionable. Such persons, and there are many such, will be unduly influenced by expressions of opinion from those occupying high positions, or who are supposed to occupy those positions. The sad effects of such unkind thrusts as these, given by persons from whom I will now quote, we see and feel too plainly in the painful condition of the public mind and the unwarranted suspicion of medicine. Some twenty-five years ago one of the Boston papers attributed to Dr. Oliver W. Holmes the remark that "If all the medicines in the world were emptied in the sea, it would be infinitely better for mankind and infinitely worse for the fish." The New York Semi-Weekly Tribune, December, 1891, gives publicity to the following: "Prof. Alexander H. Stevens, of the New York College of Physicians and Surgeons, says: 'The older physicians grow the more sceptical they become of the virtues of medicine, and the more they are disposed to trust the powers of nature, and notwithstanding all our boasted improvements,

patients suffer as much as they did forty years ago.' And again: 'The reason why medicine has advanced so slowly is because physicians have studied writings of their predecessors instead of nature.'"

Prof. John Smith, of the same school, says: "All medicines which enter the circulation poison the blood in the same manner as do the poisons which produce disease, and drugs do not cure disease. Disease is always cured by the 'Vis Medicatrix Natura.' And again: "Digitalis has hurried thousands to the grave."

Prof. Alonzo Clark, M.D., of the same school, says, with many other condemnations of the methods of the school: "All your curative agents are poisons, and as a consequence every dose diminishes the vitality."

John Mason Good, M.D., F.R.S., says: "The science of medicine is a bar-barous jargon, and the effects of our medicines upon the human system, in the highest degree, uncertain, except, indeed, that they have destroyed more lives than war, famine and pestilence combined."

James Johnson, M.D., F.R.S., says: "I declare, as my conscientious conviction, founded on long experience and reflection, that if there was not a single physician, surgeon, midwife, apothecary, druggist or drug, on the face of the earth, there would be less sickness and less mortality than now prevail."

How far these unqualified statements are simply the result of a misanthropical or cynical mood, or whether they represent at all the belief of the alleged authors, or what might have been their motive for making the statements here quoted, is of little interest, except so far as publicity given such statements, purporting to come from men in high authority, may prejudice the public against the system of practice, which we, as members of the great catholic school of medicine, have pinned our faith to, and for the success of which we are devoting our lives. For we, unlike the laity, cannot, if we are honest and have faith in ourselves, be long unduly influenced by the dictum of any one authority, since we owe no allegiance but to truth and fact, and the consensus of opinion in regard to any matter of which the great body of average medical men are capable of judging, must determine the truth and settle the question for us. Great men are liable to make great mistakes. A single individual, or several, may be deceived in regard to a matter of common observation, but the liability to err is reduced to a minimum by the concurrent opinion of thousands of clear-headed honest, practical medical men. It might seem as little worth while to argue for a moment on the matter in question, as to spend time in proving the man is in error who says, "The sun does not shine!" or "The world is not round!" I have met but one man during my life, whose sanity was unquestioned, a levelheaded, practical man, attempt to disprove the rotundity of the earth. How many there are who may have some doubts about the matter, I cannot say, but certainly, where there is one who believes the earth is flat, and a few more who don't know what to think about it, there are thousands and tens of thousands who are either convinced that the drug treatment is an unmitigated evil, or are very sceptical in regard to any advantage to be derived from the drug treatment We form our opinion of anything by its relative or comparative qualities or position, therefore if our ideal conceptions of the power which drugs possessed to cure disease have raised too high our expectations, when we become acquainted with the real limitations of their power, we estimate them as far below their real value. If, then, it were true (which in a certain sense it is) that men, as they grow older, lose confidence in drugs, it is because the active imagination of youth had clothed them in magic and specific attributes, which make their real qualities seem as nothing in comparison. That we lose confidence in drugs in one sense may be true, but as one illusion after another disappears as years roll on, we find, alas! there are few things in life in which we have not lost confidence, at least that we have not modified our opinion in regard to. It would be more correct to say that we do not value drugs less, but other things more relatively. It is important to consider that whatever change may occur in our estimate of any drug or drugs, our confidence in the principles governing the treatment by drugs continues unshaken.

All things are natural inasmuch as they are accomplished by, or are the manifestation of, the forces of nature. There is nothing below or above nature but the Supreme. But in speaking of nature we refer more particularly to normal nature, or that which is the result of natural forces acting in obedience to the universal will. Water may run up hill, but when we find it doing so we know it is natural under the circumstances, though we will find the circumstances to be that it is obeying not the universal or normal will, but a special or abnormal will, that of the man at the pump or engine. Therefore we say that disease is a natural process, since it is the result of natural forces, but these forces directed by a will in conflict with the universal or normal will, therefore abnormal, are insurrection against the central authority of nature. Whether it is better to bear the ills we know, or by a presumptuous interference to invite those of which we know not-whether it is better to rely on the efforts of nature, unaided by medicine or art, is now the question, of course. Most persons will say a presumptuous interference is not advisable. But it is a question with many whether any interference by drugs is wise-whether it is not presumptuous to use drugs at all! The belief prevails to a considerable extent that, as a man grows old in the practice of medicine, his faith in the value of drugs diminishes in the same ratio, since age must necessarily bring experience, experience wisdom and wisdom knowledge, that drugs do more harm than good. Professing, therefore, to have that knowledge, seems to many a guarantee of wisdom, because a lessening faith in drug treatment is what is expected in this age of experience and wisdom.

Drugs are poisons inasmuch as they do not belong in the system, and it is by virtue of their being foreign to the system that they are capable of producing physiological effects, acting along those channels and through those organs by and through which they are expelled from the system. But because poison, that they necessarily diminish the vitality, I deny. It is by the active use of any organ or function that its strength is preserved or increased, and even excess or abuse of action within a certain limit, can only lead to some abnormal development of size or strength. These drugs or poisons do not remain in the system, but are soon expelled by some organ or organs, and by the increased functional

action of these parts their strength is increased. To be sure the action requisite for expelling the poison absorbs some vitality, but vitality is not a fixed quantity, and nature returns the quantity expended with good interest.

It has been said, "Drugs do not cure disease"! What is it to cure? I consider this a relative term—one can cure a little or can cure still more, or cure until the patient is well. The Irishman who presented his bill "For curing your wife till she died," was correct in his expression. So far as a drug or person by any means does something for the sick one and thereby makes it easier for nature to throw off the disease, so far he cures, whether the patient lives or dies. The action of medicine is not so uncertain as might at first appear. Any drug having a physiological action can be relied upon to produce that action, allowing that the conditions are present under which it is capable of so acting; but nature is very particular, and before giving the drug, if the conditions under which it can act are not present, we must first produce these conditions; but whether its action will be curative depends much on our individual judgment. Remember, we are dealing with conditions, and not with names of diseases.

Certainly a very large class of what we call diseases, possibly the larger number, are the result of diminished dynamic energy—the force by which nature governs. That force which preserves and constructs becoming feeble, the destructive or negative force prevails, consequently the degenerative changes so often seen. We believe in the power of nature to preserve, and its power also to destroy, and it is our duty to make the best use of the knowledge we possess, and by every means control and direct these processes. We are relying as implicitly on the "Vis Natura," even exhibiting in a greater degree our faith in nature by active interference in behalf of the sick one, than by waiting and doing nothing; for it is none the less nature's work because her forces are first transmuted into right thought (natural thought) and then into right action on our part. And moreover, are we not a part of nature?

A doctor is in the same relation to his patient as a farmer to his farm. We often hear the latter speak of raising a crop as making a crop. Now, the best farmer cannot make a blade of grass or hill of beans grow. Nature only can do that, but by studying the ways of nature and observing the conditions under which the best results are obtained, he can do much in assisting. In the same manner a doctor cannot cure a patient, but by observing the conditions which nature requires in order that she may cure, he may do many things to assist. You don't hear a farmer talk about adopting an expectant treatment in conducting his farm and garden, though you may find many farms and gardens that evidently have been treated according to that wait-and-do-nothing system. Man has no right to expect the best results from the operation of nature's laws while closing against her that avenue through which only she can manifest the highest of all her powers—"Conscious intelligent thought and action"—that avenue, the stupendous achievement of millions of years of evolutionary work which nature has prepared, that she may reveal herself more fully to the world.

The expression "expectant treatment," which means no treatment, seems to supply a necessity by explaining what we are doing when we are doing nothing for

our patient. It seems to cover the sometimes unavoidable ignorance of the doctor, or excuse his indolence, and if the lazy farmer cared to excuse his shortcomings, he would long ago have used the same or a similar word. Unfortunately these are cases to which only the expectant treatment is applicable. But I am sorry to say we too often see those suitable for active treatment, where nature is allowed to struggle along alone, the doctor making simply a show of doing something by giving a "placebo." It is true that nature, unaided, will sometimes bring about a slow and imperfect cure, but handicapped as she is, her work is not so well or thoroughly done, and the after-condition of the patient is far from being as favorable as if nature's efforts had been supplemented by efforts on the doctor's part. Because we believe in the "Vis Medicatrix Natura," is no reason why we should stand idly by and neglect to do that which the simplest commonsense would suggest, and by doing which we increase the efficacy of nature many fold. Drugs are to the physician what the tools are to the mechanic or artizan, and in dealing with the complex condition which we call disease we select this drug to do one kind of work and another to do something quite different. What would be thought of a carpenter should he use a pocket-knife to cut a board into proper length, instead of using a saw? or, if he wished to make a smooth, plain surface, he should use a hatchet instead of a plane? or, if he used a saw, specially adapted to cut at right angle with the grain, for the purpose of cutting the board lengthwise? We should undoubtedly conclude he did not understand that each instrument was adapted to accomplish a certain work, and could do the work better than any other. Let us make an application now to ourselves, and use our drugs within the sphere to which nature has adapted them. It is one thing to say we know a fact and another to realize the full force of what we say we know-to have assimilated that knowledge so that we feel the full force as a motive of action. It is not enough to know a thing is good, but how good?—that something is important, but how important? We must discriminate between those matters of minor importance and those of paramount importance—between the principle and auxiliary; otherwise our chief efforts will not be expended where they can do the most effective work for our patient. "Yes," you will say, "that is what I have always been taught; I know all that;" but do we realize the full force of what we say we know? Our actions only will tell.

Let us endeavor to realize what we now know, that disease is not an entity except in some few instances, but is a conflict between the forces of order and the forces of disorder, and when the scales are evenly balanced a feather's weight may turn them in either direction; therefore the importance, oftentimes, of little things. Let us not despise what seems a matter of small consequence. With our drugs, as well as by other means at our command, we may remove many a gross obstruction which could not otherwise be removed, and this being accomplished, the finer forces of nature can do the rest. Our crude mechanical and chemical forces, directed by intelligence, can as well serve a needful aid to nature in dealing with a sick person as in cultivating our farms and gardens.

Much has been said in condemnation of the practice of treating symptoms. Certainly we should try and remove the *first* cause, when that is known and when

possible to do so. It has been claimed that many symptoms are simply the manifestations of the efforts of nature to cure, and therefore should not be restrained, but we should wait for nature to discontinue her efforts in that direction. Certainly every symptom is natural under the existing circumstances, inasmuch as it is the result of nature acting according to reason or the eterna! necessity of the case. Therefore, since natural, or according to nature, the symptom does not constitute the disease. The disease is that which makes it a necessity so to act. It is the primary disturbing element that caused the forces of nature to vary from their normal mode of acting. But although not the disease, and moreover, a perfectly natural phenomena, many tymptoms lead eventually to conditions which do constitute disease, therefore the wise physician will continue to treat symptoms, and by so doing hope to break the long chain of cause and effect. Because we cannot, unfortunately, go back to the first cause and remove that, it is no reason why we should not arrest any one or all of the resultant causes. Because we cannot now prevent the match from being made that lighted the lantern that in turn set fire to the hay, is it any reason why we should not extinguish the fire in the hay, and thus save our barn? Undoubtedly some symptoms are the manifestation of nature's efforts to cure, but it does not follow, therefore, that they do cure or tend to cure. They may be highly detrimental. Nature's forces, obstructed in one direction, naturally flow towards the point of least resistance, and from being preservative and constructive, they may become destructive. Health consists in a ready and willing obedience to nature's authority of every part of the body, from member to minutest cell. While this loyal state of healthful acquiescence continues nature finds it necessary to exercise but a small part of the power vested in her, and the functions of the whole complex government are carried on without friction and with the smallest possible expenditure of force. This is the "Vis Natura," quite sufficient in times of peaceful obedience. It is different, however, when the forces of dissension and destruction, whether arising in the body or assailing it from without, threaten to overturn the peaceful government of nature. She at once brings to her defence her reserve powers, drawn from every available source. She exercises all the power vested in her to maintain her authority, and the potential energy in drugs is as much a legitimate resource of nature in overcoming the insurrection in the body as the latent energy in gun-powder and dynamite when used by a government to repel a foreign enemy, or in internal dissension to compel obedience to rightful authority. These are the "Vis Medicatrix Natura"—the reserve powers of nature.

The science of medicine will appear a barbarous jargon only so far as we fail to comprehend its principles and the grand truth that we ourselves are a part of nature, and that inhering in the developed human mind there is a power which is destined to disclose all truth and bring order out of chaos.

With reverent spirit, though with honest pride,
That thou art part of nature, here abide,
Midway between the two extremes
Of those who think they're more and those to whom it seems

That they are less than nature.

Here thou may'st hope to happily escape

Some of the sad errors that we sometimes make

When, fired by pride, puffed up by self-conceit

And unsuspicious that we are part of nature,

We make ourselves officious,

Dictate to nature and oppose her will,

Incite her forces to rebellion, and instead of curing-kill!

We then are like an abscess, boil or wart,

An inflamed spot, excrescence of some sort,

The very things we claim to cure,

And caricatures of flature sure,

No more to be commended, one deficient

In self-appreciation, who thinks he's nothing-nature's all sufficient;

For such a one is just as good as any palsied limb or part;

His nerves insensate, he feels not the quickening impulse of great nature's heart,

His sluggish brain refuses to transmute

The thoughts of nature and to action suit.

DISCUSSION.

Dr. O'Hagan thought the paper a most admirable one, and one that was likely to awaken much thought among the members of this body. It seemed to be a protest against over-medication and also against the do-nothing sort. One of the many errors into which young graduates are likely to fall is an over-confidence in drugs, which is often fraught with disaster to their patients, and brings them, in time, to distrust the value of drugs. On the other hand, it is equally reprehensible for the medical man to sit down and do nothing, trusting altogether to nature. While nature is sometimes a good mother, she is not always a kind step-mother. In the treatment of symptoms it is an important matter that they be interpreted in their true meaning, for by them we get to the bottom of the disease. They enable us to remove the obstructions to the proper and normal performance of the functions of the different organs. When to stop giving drugs is not learned by rule, but by experience.

THE PHYSICIAN IN RELATION TO COURTS OF JUSTICE.

REPORT OF THE CHAIRMAN OF SECTION ON STATE AND LEGAL MEDICINE.

By S. J. Montague, M.D., Winston, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

In looking for a subject of interest in the department of State and Legal Medicine, I find two living and ever-present conditions confronting us—matters which affect and should interest every physician in the State, whether he practice in the largest city or in the most remote country district, whether he keep up

with the latest information and fashions of practice, or be content to practice as he graduated, he should, for his own comfort and well-being and the honor and dignity of his profession, know something of his duties and privileges in a court of law. My reason for bringing these matters before the Society is that in certain instances the duties are so ill-defined by practice, and the privileges are so few, that I wish the earnest consideration and discussion of the conditions and expression of opinions in regard thereto.

The first condition to which I would call your attention is that in this State a communication, even of the most sacred and private nature from patient to physician, is not privileged. Privileged communications are those which, on grounds of public policy, courts decline to receive for the reason that their admission would entail greater mischief than their rejection, because of some collateral evil to third persons or to society in general. Where lives the physician who has not had communications made to him by patients to enable him to prescribe intelligently for them, who would not for any consideration disclose the communications. Yet, in the present state of the law, any one refusing on the witness-stand to answer all questions, would be guilty of contempt of court and subject to fine and imprisonment at the discretion of the judge. I believe that there are not many members of this Society who would not prefer to suffer fine and imprisonment rather than stand before the community properly dishonored for disclosing confidential communications and exposing their patients to shame and to be the jest of the vulgar crowd. The idea very generally prevails that we have this needed protection at common law, the same as is enjoyed by attorneys; indeed, two well-informed lawyers told me that this was the law, so reasonable and just did it appear. Lawyers have enjoyed this immunity from time immemorial, but physicians, spiritual advisers and others have it only by special statute. The Roman law protected physicians against disclosure of confidential communications, and in France it is a crime for a physician to divulge them. Many States of our country have enacted statutes making confidential communications privileged, and, so far as I know, the enacting of these statutes, so necessary for the good of society, has not been resisted. The statute of New York is in these words: "No person duly authorized to practice physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician or to do any act for him as a surgeon." This, with slight modifications, has been enacted in the following States and Territories: New York, Arizona, Arkansas, California, Idaho, Indiana, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, Ohio, Oregon, Utah, Washington, Wisconsin, Wyoming, Colorado, Michigan and Minnesota

I find from "Greenleaf on Evidence" that the statutes of nearly all these States limit the privilege to such persons practicing physic and surgery as are duly authorized or licensed, thus very properly making a difference between regularly qualified physicians and irregulars, quacks and such like. It is held that these statutes extend protection also to personal representatives of deceased

persons: "The purpose of the laws would be thwarted and the policy intended to be promoted thereby would be defeated if death removed the seal of secrecy from the communications and disclosures which a patient should make to his physician."

Consulting physicians and partners in the same office or practicing together in the same case, enjoy immunity under these statutes. Without the protection of a statute let us see how it would be with a physician called to see a woman bleeding to death after a criminal abortion, and what physician of much experience who has not had such cases? The patient, with danger of death impending, if the condition be not self-evident, makes a clean breast of the trouble to enable the physician to treat her to the best advantage, which having done, no matter in what way the case terminates, his next obligation is to report a crime to the prosecuting attorney or coroner, as the case may be, failing in which, he renders himself liable to prosecution for misprision of felony—concealing a crime. Who can contemplate with equanimity the physician, having finished his professional work, now putting on the character of an informer, and leaving his patient in a worse condition than when she called him? Aside from the code of ethics. founded on the golden rule, and which must govern as long as honor abides with physicians, no one who would do this mean act could live in a decent neighborhood. What, then, must be done? I feel there will be no doubt in any reasonable man's mind as to the course to pursue. Duty, humanity and innumerable well-made precedents sav relieve your patient and hold fast against the world her confidences, but demand, for the sake of humanity, and not as a personal privilege, for the physician does not need it, that this common law injustice be superseded, as early as practicable, by the enactment of a prohibitive statute with proper penalties.

Having considered what a physician may not be allowed to disclose, it is now in order to discuss what he may say and the manner of giving testimony. As it is harder to open the mouth in wisdom than to keep silence, so this subject is more difficult than the preceding. Probably at no time does the average, conscientious physician appear at more disadvantage, and oftentimes have himself unjustly lowered in the eyes of the community than when on the witness-stand, exposed to the cross-examination of opposing counsel. From the nature of his calling the ordinary doctor is not prepared to stand the ordeal of the witnessstand. Unused to controversy, rarely meeting his fellows even, in friendly discussion, and accustomed to giving arbitrary orders and being obeyed without question, he gets little or none of the friction so necessary to enable him to stand with quiet ease the onslaught of counsel whose reputation and the life of whose client may depend on the doctor's discomfiture. It not infrequently happens that physicians of ability fail to acquit themselves in court to their satisfaction, while quacks, from the nature of their business, trained to withstand attacks and criticism, often leave on the unprofessional mind a good impression.

As physicians may be and are called to give evidence in court the same as other people, it is only intended to consider them here in the character of experts. Expert evidence is defined as "that given by one expert and specially

skilled in the subject to which it relates or is applicable, concerning information beyond the range of ordinary observation." From this definition it is evident that, while it might not be judicious or in good taste for all physicians to set themselves up as experts, yet all properly qualified doctors are liable to be called as witnesses in this character, and now commences the trouble and question which has vexed and harassed physicians, perplexed courts and confused juries, and no doubt has often brought discredit on expert testimony, both to the profession and to the laity. The need of some change in the manner of procuring and giving this testimony is recognized, but as yet no remedy is at hand. That expert evidence is necessary for the proper administration of justice is admitted, and it is apparent that, without the help of skilled scientists, the detection of some of the most insidious forms of murder would be difficult, if not impossible. It appears that much study and thought, at various times, has been given to the matter of securing a better system than that which we have at present and which has been in vogue a long time, but whatever has been suggested is liable to abuses and dangers, as is the present system. Almost the first idea that occurs to most people thinking about this matter is the selection of the expert by the authorities connected with the case, who, it is assumed, would choose only the most competent, but granting the best of motives to the fairest-minded officer, it must be admitted that he is seldom competent to judge of expert qualifications, and it seems only just and fair to let parties to a trial have every chance possible, which they could not have if experts could only be chosen by the authorities, and especially is this true when it is considered how the authorities are constituted. So it seems that until a more perfect system is evolved or elaborated, we must continue to see and hear conflicting and distressing testimony of scientific experts. The trials recently in New York of Harris, a medical student, and Buchanan, a physician, both charged with, and convicted of, murdering their wives with morphine, have brought the matter of expert medical testimony prominently before the world. In the case of Harris, it seems that the prosecution relied principally on the well known physiological effects of the drug, while in the case of Buchanan the reliance was mainly on the ascertained presence of morphine in the body, which was declared to be present by no less specialists than doctors Witthaus and Doremus. The defence then introduced Prof. Vaughn and Dr. Scheele, who testified and proved by actual illustrations before the court and jury, that color reactions identical with those found by the experts of the prosecution could be produced from ptomaines resulting from the decomposition of animal matter, and consequently that the prosecution had not proven the existence in the body of the deceased of morphine. They also contended that only the actual isolation of crystals of morphia in a decomposing body would be sufficient evidence of its presence. The prosecution experts were, it seems, unhorsed, and had the color reactions for the proof of the presence of morphia been all, no doubt there would have been a failure of conviction. Dr. Scheele stated that these color tests used by the experts of the prosecution were not to be depended on, and were not now accepted by the most advanced Germans. This, however, is no new theory or statement, for certainly as far back as 1878, in the trial of Chantrelle, in Edinburg, for poisoning with opium, objection was made to the expert testimony that no opium was found in the body of the deceased, which was admitted, but evidence of morphia was found by color tests on the stained sheets and in vomited matter, but no crystals were found. It was held then, and is held now, by the best writers on Medical Jurisprudence that the color reactions for the detection of morphine are more valuable than the slender prismatic crystals found under these circumstances which have no peculiar or definite form, and must be proved at last to be morphia, if they are, by these very color reactions. At this trial the prisoner, Chantrelle, was convicted and executed, the court regarding the objection to the color reaction test as frivolous, and setting it aside. See "Taylor's Medical Jurisprudence, Eleventh American Edition, 1892." The ptomaine theory had not then attained to any notice, nor is it now accorded the place it deserves in standard writings, if Prof Vaughn's experiments are well founded, which they seem to be, and at any rate the prominence and importance attached to them at recent trials, and other places demand that thorough investigation by competent chemists should be made and the claims either disproved or accepted and estab lished. The contradictory evidence of scientific experts of international repute inevitably discredits such testimony, confuses medical men and imperatively calls for a revision of the analytic processes for the detection of organic poisons. No doubt the agitation of these matters will arouse the chemical talent of the profession, and before long definite and certain procedures to meet these cases will be established.

Probably the first case the average doctor will be called to give expert testimony in will be a coroner's inquest, and there is reason for believing that the dignity and importance of this legal prooceeding is not sufficiently appreciated. It should, however, be borne in mind by the physician giving testimony at these inquests (it may be only in the presence of ignorance and oftentimes excited people) that his words are taken down, and he may be examined on the same at a higher court and in the presence of the most learned lawyers and physicians. If it is thought that a death has not been due to natural causes, the medical witness should refuse to give an opinion without an autopsy, and even then, when a sufficient cause of death is not found, as a conjectural opinion is liable to lead to unpleasant responsibilities. It is thought best for medical witnesses not to quote standard writers, but to confine themselves to facts within their own knowledge and experience. Should he quote so-called authorities, the other side would be allowed to quote in rebuttal, and a controversy of books without end might be brought on. A judge can at his discretion rule out all medical books as evidence. Medicine being a progressive science, the authors of the best text-books are not recognized as authorities, except by courtesy and common consent of the profession, as long as they serve best the purposes for which they were intended. Thus, what is good authority one day may not be the next, not having in the profession any corporate body to make and unmake standards. A physician, in giving evidence before a court, should not base his opinion as to the cause of a death on any one fact, unless that one be amply sufficient, but should take all of the known circumstances of the case into consideration—symptoms before death, chemical analysis, autopsic appearances, as well as the moral aspect. All these working in harmony to the same conclusion would form a good basis for an opinion as to the cause of a death. As a matter of course, the expert is looked upon as more than an ordinary witness. More respect and consideration is his due and more responsibility attaches to him, consequently his demeanor should accord with this idea. Called to testify to the truth, to the best of his knowledge and ability, he should be well prepared on his subject in all its bearings, and refuse to be led into matters with which he is not perfectly familiar. It would seem that for witnesses occupying the dignified and responsible places of scientific experts intentional ex-parte testimony would be out of place, and there is good reason to believe that when men are governed solely by the nobler instincts of human nature, desiring truly in trials to discover only the truth, that much of the reproach and perplexity of scientific expert testimony will have vanished.

My object in presenting this subject to the Society is to draw attention to the unsatisfactory standing and discredited evidence of physicians in the courts, in the firm belief and hope that, once realized, the profession will be equal to the occasion, and that there will be a desire for reform promoted and a higher stand taken for the rights, the honor and the good name of a profession whose highest purpose is to benefit humanity.

A REMARKABLE CASE OF CEREBRO-SPINAL MENINGITIS.

By E. Burke Haywood, M.D., Raleigh, N. C.

Read before the North Carolina Medical Society, Raleigh, May 9th, 1893.

The first reported cases of epidemic Cerebro-Spinal Meningitis in North Carolina were in 1856.

From 1862 to 1864 the disease assumed a very malignant type. It was observed and reported by that distinguished North Carolina physician, Dr. Bedford Brown, now of Alexandria.

Sporadic cerebro spinal meningitis is never primary, but is always either a complication of some other disease or traumatic in its origin.

C. D., aged 13, a healthy, intelligent boy, was taken sick on June 24th, 1892, with the usual symptoms of typhoid fever. Nothing remarkable occurred in his case until the second week, when it was complicated by cerebro-spinal meningitis. He was seized by excruciating pain in the head, back and limbs, vomiting, extreme restlessness, irregular pulse and respiration. He grew worse rapidly. Eruptions appeared on his skin, petechiæ, vibrices and extensive ecchymoses. Soon the spinal muscles were contracted rigidly; his head was drawn backwards; there was well-marked opisthotonos and trismus; his abdomen was retracted and concave, like the interior of a boat. The daily details of his symptoms and

treatment during the progress of his illness, of more than four months duration, would be uninteresting to this audience. I shall therefore give an abstract from my notes of the most prominent features of his case. He had clonic convulsions, tetanic spasms, partial paralysis of the muscles of deglution, urination and defecation, photophobia, oscillation of the eyes, strabismus, ptosis, dilatation of the pupils, followed by blindness, deafness and inability to utter any sound.

Believing that the above symptoms were caused by a plastic or purulent exudation in the meshes of the cerebro-spinal pia mater, and consequent pressure of this exudation at the base of the brain upon the nerves and blood-vessels that supply these organs, I put him on the following treatment: Cold to the head and spine by means of cloths dipped in ice-water, hot foot-baths, internally bromide of potash, grs. 10, and squills, fluid extract of ergot, π_i xv, in water, every four hours day and night; later on bromide of potash, grs. xv, and iodide of potash, grs. v, in water, every four hours day and night, and antipyrine when the temperature required it.

One of the greatest difficulties in his treatment was the giving of water and nourishment; he would resist violently the taking of either as soon as the vessel containing it touched his lips.

For nourishment he took Wyeth's meat juice, liquid peptonoids with cocoa, milk toddy, wine whey, soft-boiled eggs and strong meat soups.

He gradually improved, but was unable to walk about until after five months from the time he was taken sick.

The most remarkable features of his case were, that he was totally deaf, dumb and blind for seventy-nine days. He is now physically and mentally well, with complete restoration of sight and speech and partially of hearing.

In the management of this case I had the valuable advice and assistance of my son and partner, Dr. Hubert Haywood.

REPORT ON PRACTICE OF MEDICINE.

By E. M. SUMMERELL, M.D., Mill Bridge, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

In presenting this paper for your consideration, there is little claim to originality. In a few instances the result of my own observations are recorded. My idea is that the compass of this report is only intended to furnish the members of the Society with a brief resume of those advances in the treatment of disease since our last meeting that seem to the reporter to be of the most importance to the profession.

The number of diseases known to our profession now runs into the thousands. Many of these are curiosities of medical literature, possessed of names conferred arbitrarily by their differentiators. Others are little known save to the specialist. Still others are not liable to be met with except by the physicians of

other climates than our own. Separating the above classes from the whole number, there is still left a large number with which we should all be familiar. The limits of this paper, however, prevent my calling your attention to more than a very small number of diseases. These have been selected because they have elicited the most attention in the medical literature of the past twelve months.

"Doctors differ" a saw! the truth of which the whole medical profession are day by day reminded. Why do they differ? Because no two individuals have minds of exactly the same calibre—because no two ailing people have the same constitutions or present the same symptoms. But "doctors differ"! The public say so; and the statement carries with it a knowing smile—a certain degree of opprobrium, implied or expressed. Why? Because the public has been allowed to regard the profession from the standpoint of the scoffer and reviler—because of disunion, personal dissensions between individuals or schools of those belonging to our profession.

Though more than 2,000 diseases have been differentiated by skillful diagnosticians in the various branches of medicine, though the list of drugs and of medical appliances are well-nigh innumerable, and are being added to at the rate of thousands per annum, and though the treatment of all diseases, recognized in their causes and effects, is becoming every year less empirical and more thoroughly based on scientific data, yet ignorance of the grossest character stalks rampant through our midst, intimately associated with charlatanry, quackery and the mad desire for gain.

The public delight in being humbugged. Sooner or later they recognize this to be the case with themselves, find greater delight in seeing others in the same condition, and naturally resort to ridicule and sneers as the best means of dissociating themselves in the eyes of others from the causes of their own self-degradation.

An experienced physician, noticing the awkward and baseless efforts of some tyro in the science, makes some careless remark, some idle, half-witty nothing, harmless in itself in coming from him as a member of the community. This insignificant statement travels, but soon becomes so weighted with embellishment, that finally, when it reaches its subject, it has lost all of its original character. The ignorant leech or what not, stung by the more or less merited application of what he has heard, resorts to that commonest of all weapons of the "morally stunted"—"defamation."

The public follow the drum and horn, unable, for the most part, to distinguish the difference between noise and harmony. This result, to a greater or less degree, has occurred in the experience of all of us. The remedy is simple. It lies with us. It is the formation of such associations as is here assembled, bound together by such rules of medical procedure toward each other and to the public as the wisdom of years has demonstrated to be best adapted to serve the purpose.

Pneumonia,—Two types of this disease present themselves to our notice, the sthenic and the asthenic. The treatment of the two forms present radical dif-

ferences. In sthenic cases depressant remedies are to be selected. The use of cardiac sedatives, aconite, veratrum, etc., still has many friends, but the tendency is to discard them. Venesection is admissible in certain cases. The best results seem to have been reached through the persistent use of cold. The application is made by enveloping the chest in towels wrung out in ice water, repeated as often as the towels become warm by the body heat. This is to be kept up until the temperature is reduced and diaphoresis occurs—usually for eighteen to twenty-four hours, if the disease is seen in its early stages. This treatment in the form of the disease above referred to is almost always followed by a decided amelioration of the symptoms. It is again to be resorted to when there seems to occur a reaccession of the serious symptoms. If a calmative should be deemed necessary, chloral rather than opium should be administered.

In the asthenic type, cardiac stimulants should form the basis of our treatment—digitalis, strophanthus and caffein. Strophanthus is to be used rather than digitalis, since the former acts more directly and solely on the heart-muscle, and is, moreover, less apt to derange the stomach. But these drugs must be given until their specific action is apparent—until the pulse is reduced to 60 or 70 beats per minute—and pari passu it will be noticed that the temperature will decline. To bring about this result, it is wonderful what amount of the stimulant will be borne by the system with no indication of either cumulative or toxic effect. Chloral is again the calmative agent, should it be deemed wise to employ a drug of this character.

Typhoid Fever.—Wonderful results have followed the use of cold in this fever also, both in America and in Europe. The mode of application is preferably by bath, though the pack is also very efficacious. The asserted dangers arising from so much physical disturbance of the patient have not been realized. The application of the cold should be resorted to whenever the temperature reaches 102-5° F. The benefit obtained is most marked in the alleviation of the nervous phenomena present. Quinia is of no use either as an antipyretic or as a stomachic tonic. The disagreeable taste in its effect upon the appetite causes the possible good effects to be more than counterbalanced by the objectionable qualities. I therefore, an antipyretic or a tonic be desired, it is better to choose some other drug. Turpentine remains the remedy par excellence for tympanitis.

Much has been written and will continue to be written concerning the diet in this disease. The writer calls especial attention to the following occurrence in his own practice: An outbreak of typhoid fever occurred in a household comprising 20 or more individuals. Of these 7 only drank sweet milk habitually. The others never used sweet milk, but drank butter-milk instead. Of the 7 above referred to 6 had well-marked attacks of typhoid fever, and the early history of the seventh individual rendered it exceedingly probable that he had suffered from the disease in youth. Lactic acid has well-known germicidal properties. Lactic acid is almost always found in butter-milk. It would, therefore, appear that the formation of lactic acid in the milk had some inhibitory action on the materies morbi of typhoid fever. And is it not reasonable to suppose that this inhibitory action may be encouraged in the intestines by the administration of considerable

quantities of butter-milk? Again, certain cases have occurred where the stools present positive evidence that sweet milk taken into the stomach gave rise to the formation of hard curds that passed through the alimentary canal without further digestion. When butter-milk was administered these hard curds no longer appeared. These facts, considered in connection with the acidity so grateful to the feverish sufferer, seem to me to render butter-milk a most valuable, if not the most desirable, form of aliment for those suffering with this disease

Diarrhwas of Children.—In the treatment of entero-colitic diarrhwa it is best to precede the administration of drugs by the employment of injections of icewater. The benefit to be derived consists in cooling the fever, bringing repose, lessening congestion, cleansing the bowel of all irritating masses containing bacilli, ptomaines, etc., all of which are liable to reabsorption.

Opium has been almost supplanted by salol. This latter drug is especially antagonistic to bacilli, even to those of the most vital kinds. Carbolic acid, nitrate of silver, calomel in minute doses, all have their advocates in being of great benefit in these troubles. In gastro-enteritis and the chronic form of entero-colitis the best results have been obtained by the employment of salicy-late of bismuth.

Malaria.—It has long been desired to secure a drug with the specific action of quinia as regards this condition, and without its objectionable qualities. Methylene blue is on trial as filling this requirement. Many reports are on record, the great majority of which favor its more extended use. No unpleasant symptoms have followed its administration save the blue color which it imparts to the urine.

Diphtheria.—The best results are now obtained in this disease by the employment of hydrogen peroxide. Failures in the use of this drug are chiefly ascribable to unskilful handling and to impure or unstable samples. The strength of the solutions for application vary from 8 to 32 p. c. Weaker solutions have apparently proved efficacious as a prophylactic.

The exhibition of turpentine in larger doses (3 ss. to 3 j.) than are usual, finds some advocates. Excellent results have also been claimed as due to the local application of methyl violet.

Cholera — The possibility of invasion by this scourge to the human species renders it proper, perhaps, that some reference should be made regarding the treatment.

It has been abundantly proven that cholera is intimately associated with the presence of coma bacilli, if not caused by these microbes. The treatment offers one of the most promising fields for the proper and scientific use of intestinal antisepsis. The far more probable mode of entrance into the system by the coma bacillus is through the alimentary canal. It is, therefore, there that we are to combat this disease with the best assurance of success. The simplest means are by lavage and entero-clysis. The former is hardly practicable, but the latter is of the greatest service. Many drugs have been used with the idea of disinfecting the whole alimentary canal. Large doses of calomel and castor-oil have been exhibited with the idea of subjecting the mucous membrane and every

portion of the contents of the intestinal canal to the germicidal action of the mercurial, and to hurry the disinfected substances out of the body. Hydrogen peroxide in varying strength (1 to 500 to 1 to 2000) has been used for the same purpose, though, owing to its liability to decompose in the upper bowel, it is necessary to give it by the rectum as well as by the mouth. Cold water, which has been previously boiled, to which .50 p. c. of chloroform has been added, given by the rectum, has been found efficacious in the destruction of the bacilli. Salol also has been found to be intensely hostile to these microbes, and its further trial seems fully warranted.

In the collapse following the colliquative serous diarrhœa the vascular injection of a saline solution containing the chloride and sulphate of sodium has found much favor. Ergot or ergotine combined with lactic acid has also been found an excellent combination for the treatment of the excessive diarrhœa.

EYESTRAIN AS A CAUSE OF FUNCTIONAL NERVOUS DISORDERS.

By W. H. WAKEFIELD, M.D., Salem, N. C.

[Written expressly for this Journal.]

That functional nervous disorders are increasing in frequency among our American people is apparent, even to the careless observer. The causes of neurosis are many, but they are divisible into two classes, viz: the remote and the immediate, or the predisposing and the exciting. The remote or predisposing causes, while frequently of insufficient activity to originate neurosis, may, when the nervous disturbance has once been established by some exciting cause, be sufficient to perpetuate it for an indefinite time. Exciting or immediate causes may or may not be long-continued, and their effects will depend on their intensity of action, duration and the susceptibility of those subjected to their influence. (This susceptibility is, perhaps, present only in those persons in whom predisposing causes operate.) Space will not allow a discussion of all the varied conditions that act as causes, remote and immediate, and my remarks will be confined

1st. To anatomical abnormalities, often overlooked, of a single organ, and the manner in which they act as predisposing causes.

2d. To the influence of conditions induced by civilization as exciting causes. In leaving out of consideration all other disturbances of nervous equilibrium, I do so with a full appreciation of the importance of many of them. It is not claimed for the causes discussed that they are the only agencies of note that operate to produce the disorders named, but simply that they are important and do not receive the recognition they merit.

The organ whose abnormal anatomy acts as a predisposing cause of functional nervous disorders is the eye. The visual act requires, for its proper performance, the most precise action and co-ordination on the part of the recti and

ciliary muscles, and if the observed objects are close to the eyes and small, the consumption of nerve force is greater than that attending the exercise of any other bodily organ. In order to arrive at a fair understanding of this subject. let us briefly review the theories involved in the adjustment of the eyes in the act of vision. When parallel rays of light (for our purpose, rays coming from a distance of 20 feet are considered as parallel) enter healthy normal eyes, they are refracted as they pass through the media, forming on the retina a clear, distinct image, the eye meanwhile remaining passive. Rays of light from near objects are not parallel, but divergent, hence must be more strongly refracted in order to meet on the retina. This is effected by the contraction of the ciliary muscle producing variation in the convexity of the lens. The nearer the object the more divergent the rays, hence the greater the demands on the focusing muscle. If the eye is normal, this function is performed with ease, the ciliary muscle having abundant strength to produce the changes to any reasonable extent without fatigue. The eye may be said to be normal when images of an observed distant object (20 feet distant or farther) are clearly focused on each yellow spot, the ciliary and recti muscles being at rest. These are the conditions that permit minimum inervation. In deviating from the normal the eye may be too short (hyperopic or far-sighted), too long (myopic or near-sighted), or astigmatic (oval), or one or more of the recti muscles may be too weak (insufficiency). These conditions are the anatomical abnormalities mentioned as acting as predisposing causes of functional nervous disorders, and any one of them, when present, is capable of producing considerable perplexity. In hyperopia the eye is too short for parallel rays of light to focus on the retina without inervation and contraction of the focusing muscle, and this action on the part of the muscle of accommodation is in direct proportion to the extent of the hyperopia. So long as this eye continues to see clearly, at any distance, this effort must be continued, and the nearer the object the greater the exertion; hence such an eye is never at rest except when closed, and as a portion of its accommodation power is consumed in its performing distant vision (which should be passive), it has less reserve to draw from when looking at near objects. If this eye be used for considerable periods of time at close work, as in reading, sewing, engraving, etc., the ciliary muscle is overtasked and the constant strain of nervous energy passing to the laboring muscle exhausts the nerve force of the body (consumes its reserve). In astigmatism the refracting surfaces of the eye are oval, and light rays passing into it in any meridian are brought to a focus at a different point from the rays that go in at any other meridian; hence clearcut images are impossible, but by "sectional contraction" of the ciliary muscle vision is aided. The strain on the muscle is intense, and the consumption of nervous energy is in proportion to the exertion of the muscle. (I am aware that the theory of sectional contraction is not accepted by many, but it accounts for the peculiar strain of astigmatism better than any other.) The foregoing explains the act of vision as performed by each eye separately.

The performance of the visual act with both eyes fixing an object necessitates the co-ordinate action of the ciliary and the recti muscles. We have not space

to fully explain the relation existing between "convergence" and "accommodation," and can merely state that when the normal eyes are fixed on a distant object the visual lines (lines running from the yellow spot of each eye to the object) are parallel, and the external (recti) and internal (ciliary) muscles are in a state of minimum innervation; also that as the point of fixation approaches the face, these muscles are correspondingly innervated. For a definite degree of accommodation a corresponding degree of convergence must be used, and vice versa. When hypermetropia is present this harmonious action (co-ordination) is disturbed, the muscles are fretted and heavy demands made on the nervous system.

Not infrequently one or more of the recti or oblique muscles are weaker, proportionally, than their opponents. This condition, called insufficiency, is a greater obstacle to easy co-ordination than hypermetropia, and when present, a constant (although unconscious) effort is necessary to preserve binocular vision, the degree of the effort being in proportion to the amount of insufficiency and the use made of the eyes.

Persons having hyperopia, astigmatism, or an insufficiency of any of the external ocular muscles do not, of necessity, suffer serious inconvenience, but the visual act is rendered much more difficult than when such conditions are absent. Competent observers, such as Donders, Von Graefe and scores of able men now living, taught and teach that perplexities of the visual art, such as I have named and endeavored to explain, briefly, are fruitful sources of the ailments enumerated.

We will now consider the merits of civilization as an exciting cause. The stage of civilization to which we have attained sustains a causation relative to functional nervous diseases largely through the nature of the tasks which it imposes on its subjects. The time in which we live is a competitive age in the full sense of the term-men, women, boys and girls vie with each other in the race for riches, fame, position, knowledge, honors, pleasure, bread, etc. Year after year, with increasing fierceness, this struggle goes on, forcing and stimulating many to do beyond their strength, imposing on many intelligent and educated persons conditions unfavorable to their well-being, and it is this class, those who cannot harmonize with their surroundings, that furnishes many of the sufferers from functional nervous disturbances. The "good old days" of our grand-parents did not produce such a crop of "neuresthenics" as the last decades of the nineteenth century, simply because life was taken easier then than now. The "break-neck speed" at which we live and labor, and the immense increase during the last fifty years in the amount of "close" or "near" work done, are active causes (not the only causes) of the distressing ailments under consideration. Is civilization responsible for these? It is directly responsible for the latter and it has given the former a tremendous impetus by furnishing it "means and ends." That the life forces are more rapidly consumed and conditions favorable to the development of functional nervous troubles, more frequently induced by fast living than by temperate lives, goes without saying. (By fast living is meant excesses of all kinds, in work or pleasure.)

The tremendous development during the last fifty years in the mechanical arts and machinery, the general introduction of railroads and telegraphs, the flooding of the world with cheap books, magazines and great newspapers, the establishment of free schools for the masses and the multiplication of high schools and colleges—these and many other similar developments, the products of civilization, and in their turn acting as civilizing agents, have, it is scarcely necessary to say, immensely increased the amount of near work done. Habits of life have changed, the children of muscle-workers, even muscle-workers themselves, have become brain-workers, and in the performance of their duties exacting and excessive demands are made on the organ of vision. We have shown that when this organ is normal it possesses the ability to respond with ease to any reasonable demands that may be made on it, also, that if it be abnormal, it labors at a disadvantage, and the increased demands made on it by the near work of civilization, may be sufficient to severely task its muscles and exhaust the "reserve" nervous energy of the body. A train of symptoms peculiar to this condition have been recognized for years by observers, and to them has been given the name "Asthenopic Symptoms." They generally come on while (or after) the eyes are being used at or near work, and consist of headaches, mild or severe. pains in the eye, burning of the lids, the sensation of a foreign body under the lids; in reading, the letters run together or become indistinct. These symptoms present themselves more generally under artificial light than in clear daylight.

In addition to these somewhat mild "asthenopic symptoms," it is not unusual to observe in some subjects frequent attacks of migrain, neuralgia, headaches, with nausea, after attending church or the opera, and in some "neurotic subjects" general neurasthenia. It is not claimed that all sufferers from chronic headache, neuralgia, etc., have refractive errors or muscular insufficiencies, but facts gathered by observation and experience warrant the opinion that in very many of these cases the predisposing cause lies in some abnormality of the organ of vision, and that practically all persons presenting the simple asthenopic symptoms have demonstrable ocular errors, and that the correction of these errors, in the great majority of cases, affords relief from their distress, and this, too, in cases in whom drugs have failed to afford more than a passing relief.

In view of the facts enumerated I have no hesitancy in advancing the opinion that all patients presenting the symptoms described, if not relieved in a reasonable time by medicinal and hygienic treatment, should have the condition of their eyes looked into by some one competent to perform that duty. I append a brief history of a few cases, hoping thereby to shed some light on the character of the ailments under discussion and the form of treatment which, in many cases, is the only curative measure that affords permanent relief:

Case 1.—Mrs. T.; saw me in July, 1892; aged 34; house-keeper. From childhood has presented the "simpler asthenopic symptoms" on reading or sewing. About three or four years ago purchased from a jeweler a pair of convex glasses, the use of which afforded some relief for a time, but for the past two years she has suffered frequently from sick headache. She is extremely nervous, and for "six months has been quite feeble, appetite capricious, bowels constipated, sick head-

aches proving more frequent and worse; passes sleepless nights and suffers from what her physician calls nervous dyspepsia. She cannot read or sew ten minutes without inducing severe pains in the eyes and head; is so prostrated that she cannot visit a neighbor or attend church; consults me on the advice of her physician, who has been in almost constant attendance upon her for four or five months. The examination of her eyes without a mydriatic demonstrates the fact that, with and without her glasses, her distant vision is 20-20; also that she has a low degree of manifest, simple hyperopia and weak internal recti muscles. Her eyes were now brought under the influence of atropia by instilling into each eye one drop of a 4-grain solution three times daily. During the succeeding seventy-two hours her refraction was worked out, showing a high degree of compound hyperopic astigmatism. Proper glasses were prescribed and worn, and the patient, without any medication, progressed rapidly to a condition of health and comfort, gaining 25 pounds in weight in three months.

One other feature in this case is worth mentioning. The solution of atropine was first dropped in eyes about 3 p. m., and again at 8 p. m., at which time the patient retired for the night and secured eight hours of refreshing sleep—the first good night's sleep in about six months. She continued to sleep well, and was free from headaches, so long as the eyes were under the influence of atropine, but in four or five days after its discontinuance sleeplessness and headaches returned and the atropine was resumed, using weaker solutions each week for four weeks. The eyes, by this time, had grown accustomed to the lenses, and on recovering from the effects of the atropine the nervous symptoms did not return. The prompt alleviation of the distressing symptoms by the atropine solution can be explained by its stopping the drain on the nervous system through the ciliary muscle, which it paralyzed.

Case 2.—Miss W.; student; aged 16; consulted me July 30, 1892; asthenopic symptoms for years; steadily growing worse; similar to Mrs. A.; had studied very hard for several months during the winters of 1891-'92, but in April of the present year (1892) was obliged to desist from study. She suffered much from headache, pains in the eyes and back of the head. Her physician used atropine solution in her eyes, and "rung the changes" in administering tonics. At his advice she consulted me. Her eyes were then very much inflamed, photophobia annoyed her greatly, and her headaches were distressing if she used her eyes at near work for even a few minutes. She was reduced in flesh, pale and very nervous; vision 20-20 and all glasses rendered it worse. One drop of a 4-grain atropine solution was put into each eye three times daily, and in twenty-four hours vision in right eye was reduced to 9-200 and the left to 11-200, which represented her degree of distant vision with the focusing muscle paralyzed. Suitable glasses, correcting her comp. hyperopic astigmatism, were prescribed and worn. These and a 67 bottle of elix, lactopeptin, with phos. f. qes., constituted the treatment, which resulted in her complete restoration to health.

In September, 1892, she entered college, and has had no trouble, although she studied very hard, leading her classes.

Case 3.-Mr. H.; student; aged 18; consulted me December, 1891; has suf-

fered a good deal from headache since he was 11 or 12 years of age. Before going to college, two years ago, he had his eyes examined and wore glasses to correct his hyperopic astigmatism. These afforded him relief for about two years. When in college, in 1891, he had a "bilious" attack, which confined him to his bed a week or so. On resuming his studies his head ached a good deal, and in about two weeks he experienced peculiar symptoms. His head appeared as large as a barrel, his left hand, arm, leg and foot appeared enormously enlarged. After a few days of rest and medication these sensations disappeared to return again on resuming his studies.

He visited an oculist in Detroit, who increased the strength of his lenses a trifle, but the symptoms returned as soon as near work was resumed. He left school, but months afterward was unable to read more than 15 minutes without severe headache. I found that his lenses corrected his refractive error, but I also found the internal recti muscles and the right inferior rectus were weak. The internal recti muscles were exercised twice daily by prisms for a month, thereby vastly increasing their strength and relieving his distress on doing near work a trifle. A prism, correcting about three-fourths of his vertical insufficiency (inferior rectus) was incorporated in his right lens, which rendered him entirely comfortable. He reads "all day and half the night" with no distress.

Case 4.—Miss G.; aged 12; a healthy-looking, jolly girl; suffers very much from headache after reading or sewing; is very fond of reading, but her headache forces her to stop in 20 to 30 minutes. Although perfectly healthy in every other particular, she was subjected to a thorough course of medical treatment (extending over three months), but as her headaches were not relieved in the least, her parents brought her to me for examination in February, 1893. Careful examination of her eyes without a mydriatic, revealed simple hyperopia in the right and comp. hyperopic astigmatism in the left eye. The use of homatropin disclosed a comp. hyperopic astigmatism in both eyes low in degree. Glasses correcting all the astigmatism and a small portion of the hyperopia were presented, and their use relieved the patient in a week's time. She can read with entire comfort.

Case 5.—Mr. E.; aged 65; consulted me January, 1893; farmer; has lived a temperate life and enjoyed good health until a year or more ago, when he began to suffer from headaches. Noticed after a few weeks that the headaches came on while (or after) reading. "Reads a good deal for a farmer," but of late has been forced to give it up, as it caused such severe headaches. Another symptom that causes him alarm and distress is giddiness. This has annoyed him for several months, coming on at intervals varying from a few hours to several days, and lasting from a few seconds to several minutes. This, too, is worse after reading. His physician having exhausted the materia medica without affording much relief, brought him to me. I found distant vision 20-20 in each eye, and, for reading, he selected the simple, spherical lenses usually required by persons of his age, whose refraction is normal. Going now to the ocular muscles, I found the right inferior rectus too weak. (Right hyperphoria 1°.) On examining the glasses he had been using for nearly two years, I found them to be of

proper focal strength, but both were decentred, one in the horizontal, the other in the vertical direction, and it so happened that the latter was so placed as to increase the evil effects of the right hyperphoria.

Bi-focal lenses were furnished him, the upper merely prismatic, the lower prismatic and convex. His physician wrote me in a few words: "Our patient is entirely comfortable so long as he wears his glasses. He can read as much as he desires without any return of headache or vertigo, but if he leaves his glasses off for an hour he can feel his old enemy returning." Six months later I learn that some organic heart lesion has been detected, and the vertigo has, in part, returned, yet he finds the glasses a great comfort (an examination now would probably show that a stronger prism is needed.)

Case 6.—Miss W.; aged 17; student; consulted me in October, 1892; suffers very much from headache; reading or sewing does not make it much worse; digestion good and patient has the appearance of health. An examination of the eyes disclosed manifest hyperopia of low degree (+ .50 D.) in each eye, and the use of a mydriatic failed to show any greater error. The ocular muscles were well balanced. Glasses were given correcting the refractive error, but their use afforded a very small measure of relief. Analysis of urine disclosed nothing.

RESUME.—The position taken is, that the number of persons consulting physicians for relief from some functional nervous disorder from which they suffer, has materially increased during the last 25 to 30 years, and, in accounting for this increase, the exacting near work of civilization is shown to be causative through the heavy burdens which it places on the ocular apparatus. It has also been shown that when this apparatus is normal these burdens cause no serious inconvenience, but when certain abnormalities are present, it labors at a disadvantage and the burdens become onerous, resulting in muscular and nervous exhaustion more or less profound.

The plan of treatment advocated and set forth in the report of cases is in line with one of the first principles involved in the practice of the healing art, viz: "remove the cause;" failing in this, "counteract its effects."

Suppositories of Sodium Salicylate in Acute Articular Rheumatism.—Temanski (Bulletin Med. de Paris, September 24, 1893) speaks highly of the administration of sodium salycilate by the rectum in acute rheumatism when for any reason the remedy cannot be given by the mouth. He adds fifteen grains of sodium salicylate to each suppository of cacao-butter, and directs that five or six of these shall be employed daily. It is claimed that administered in this fashion it is absorbed more quickly, and does not depress the system so much, especially the stomach, as when given in the usual way. He believes that this method is superior to the injections suggested by Erlanger.—Univ. Med. Mag.

Society Reports.

A REPORT OF ONE CASE OF THYROTOMY AND TWO CASES OF TRACHEOTOMY.

By J. M. HAYS, M.D., Greensboro, N. C.

(Read before the Guilford County Medical Society, October 2d, 1893.)

It has been impossible for me to prepare a paper worthy of your attention on any abstract medical subject since our recent meeting for organization, and I am sure I would neither have nor deserve your thanks were I to occupy the time which you have, in your partiality, allotted me, in a lengthy dissertation upon some topic with which you are all as familiar as I, and upon which I could throw no new light emanating from personal experience or research. I take it, however, that a report of clinical cases is always in order, and I shall therefore present, briefly, the salient features of one case of thyrotomy and two cases of tracheotomy hitherto unieported.

Case 1.-X.; male; bright mulatto, was admitted into the Charleston City Hospital during my term of service as one of the resident surgeons of that Institution ten years ago, presenting a well-developed case of secondary syphilis, with local manifestations in the mouth, pharvnx and larvnx, Dr. J. I Craddock, in whose ward he was placed, at once instituted the customary mixed treatment of mercury and the iodides Œdema of the larvnx supervened and progressed rapidly. Early in the night the house staff were notified to be in readiness to assist in an operation should one become necessary. At midnight we were called to the ward where the patient was comatose and at first glance apparently dead. The respiratory centre, however, was still making a desperate fight against asphyxia, and at intervals of longer and longer duration, by straining every auxiliary to the utmost, a breath of air was obtained, and the tenure of life a little more prolonged. The unequal struggle was fast exhausting the reserve vitality of our patient, and, with as little delay as possible, Dr. Craddock, assisted by the other members of the staff, proceeded to operate. No artificial anæsthetic was necessary. The opening was made through the lower portion of the thyroid cartilage and a tracheotomy tube immediately introduced. With the next inspiration an abundance of life-giving oxygen rushed, unobstructed, into the lungsthe patient coughed, breathed again, opened his eyes in consciousness, and was saved.

An interesting feature of the subsequent history of this case is that the syphilis was cured entirely by an intercurrent attack of erysipelas at the site of the operation. This astonished me greatly until I found, upon investigation, that such cases were not of infrequent occurrence. Bumstead and Taylor say (Op. Cit., page 558, ed. 1883): "The cause of syphilitic eruptions is not infrequently interrupted, or even permanently arrested, by some acute disease, Numerous instances have been reported of the disappearance of an eruption at the outset of an inflammatory affection of the lungs, of acute articular rheumatism, of various adynamic fevers and of acute cerebral disease, * * * Our knowedge of the influence of erysipelas on the course of syphilitic eruptions is derived chiefly from the French. Not only superficial lesions, such as papules. mucous patches and condylomata, but deep and diffuse tubercles, and even active ulcerations are affected: not only lesions within the active range of the ervsipelatous process, but even those at a distance are influenced by it in some obscure way, even after the failure of well-directed treatment. When, however, the syphilitic diathesis has a malignant character, erysipelas is likely to be a fatal complication. That traumatic, as well as idiopathic erysipelas may have a curative effect was proved in a case reported by Mauriac, in which well-marked syphilitic lesions were dissipated by an attack of the disease which followed their excessive cauterization. The practical value of this fact is limited by our inability to excite and control erysipelatous inflammation,"

In the light of modern pathology—that of ten years ago is ancient—an incident such as that which I have related in the case of our patient would occasion no surprise even among hospital internes; for we are all presumed to be familiar with the recent work of Dr. William T. Bull and his associates in the New York Hospital, where they have cured many inoperable cases of both sarcoma and carcinoma by inoculation with the streptococcus pyogenes aureus obtained from erysipelas.

I would also note that the acute cedema glottidis in this case was probably due to the treatment pursued, though this could not have been foreseen. Bumstead and Taylor mention the possibility of such an occurrence and refer to a case of syphilitic ulcer of the larynx reported by Moissenet, in

which "the patient had been taking mercurials and iodide of potassium, which only aggravated the symptoms. Tracheotomy was performed without benefit, since the larvnx was unaffected and the obstruction was below the artificial opening. Death was caused by asphyxia." Our patient made a perfect recovery and soon resumed his work as waiter in a saloon. I saw him nearly a year after the operation, and, with the exception of a rather hoarse, husky voice and the usual cicatrix at the site of operation, he was a perfect specimen of physical health. I will state that Dr. Craddock gave me permission to report this case soon after it occurred. but I have neglected doing so until the present time.

Case 2 .- P.; white; male; æt 2 years; membranous croup. The attending physician had followed the usual routine in such cases, and worked heroically with his little patient the entire night preceding the operation. When-morning came and death seemed inevitable, the doctor retired to his home, thoroughly exhausted, in search of much-needed rest. The parents were loth to relinquish all hope, however, and sent for another physician, who, seeing that it was a case demanding tracheotomy, immediately had me called to perform the operation. No anæsthetic was necessary other than the carbonic oxide, for the little fellow was already limp and livid. While artificial respiration was being practiced by my associate I rapidly cut down to and through the upper rings of the trachia and introduced the tube. As if by magic the respirations became normal, the blood was oxygenated, and life, which was so near extinct, returned. The temperature of the room was regulated and steam generated freely in the apartment.

On my next visit, the following day,

the little patient was sitting up in bed and drank water and milk with great relish, making his wants known by signs, which the happy parents were ever ready to interpret. On the third day, however, capillary bronchitis rapidly developed, and our best efforts proved futile in preventing a fatal issue. It seems to me, in looking back over this case, that everything was done that medical skill could do, and I believe it was one of those unfortunate cases which, in spite of human efforts, continue to give so large a mortality to this operation. Perhaps intubation would have been fraught with different results: but at that time O'Dwyer's method was in its infancy, and I had not had the advantage, of which I have since availed myself, of practicing intubation under the skillful direction of the author of this operation.

Case 3.—B.; mulatto, at 5 months; while playing on the floor got a cornfield pea into her larynx. I was immediately called, and, upon ascertaining the nature of the case, sent for my instruments

and for my brother, a medical student, to assist me in the operation. During the absence of the messenger I produced emesis by turpeth mineral, held the baby up by the feet, and, by suddenly compressing the lungs, endeavored to force the pea from its lodgment, and in various ways tried to clear away the obstruction, which was fast sapping the little patient's vitality.

As soon as my assistant reached me with my instruments I made the usual opening into the trachea, through which I introduced a probe, guarded with a pledget of cotton, and with this succeeded in dislodging the pea into the mouth.

The wound was dressed with iododoform gauze and a bandage reaching around the neck applied. When I left the house, a few minutes later, the baby was at its mother's breast nursing vigorously, and seemed to enjoy its supper as if nothing unusual had occurred.

The recovery from the operation was rapid and complete, and the scar is now scarcely visible.

Reviews and Book Motices.

The Medical News Visiting List for 1894.

This favorite visiting list is now ready. It is gotten up in four different styles, from which any one should be able to select one_to suit. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients a month, and good for any year); Perpetual (undated, for 30 patients a week), and Perpetual (undated, for 60 patients a week). Each style is in one volume, bound in red leather,

with pocket, pencil and catheter-scale. The style before us is the Weekly, dated for 30 patients a week. There are 32 pages of text, with many useful things for the physician, e. g., a section on Urinalysis, on Poisons and their Antidotes, on Ligation of Arteries, Tables of Doses, of Diseases and Remedies, etc. There are 176 pages of classified blanks, arranged for all kinds of professional work. The price of any style is \$1.25, thumb index 25 cents extra. Pub-

lished by Messrs. Lea Bros. & Co., Philadelphia.

A Dictionary of Medical Science.

Containing a Full Explanation of the Various Subjects and Terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Pathology, Bacteriology, Surgery, etc. By Roblev Dunglison, MD., LL.D., Late Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, etc., etc., Twenty first edition, thoroughly revised and greatly enlarged, with the Pronunciation, Accentuation and Derivation of the Terms. By Richard J. Dunglison, A.M., M.D. Lea Bros. & Co., Philadelphia, 1893.

Dunglison's Dictionary has for many years been regarded by the profession as the recognized standard in medical terminology, and a physician has been as much at loss without a Dunglison as a gynecologist would be without his "Sims' Speculum."

Since the last edition of this dictionary the mills that produce new words have ground rapidly, and in this edition we find upwards of forty-four thousand new subjects and terms. Notwithstanding this almost incredible amount of new matter to be incorporated into this new edition, the bulk of the volume has been kept within comfortable and handy limits, by the slight enlargement of the pages and the omission of much obsolete matter.

For the first time in the history of this dictionary Pronunciation has been introduced and is indicated by a system of phonetic spelling, which is very readily understood. The Derivations of words and terms are also given, those from the Greek being given in English letters. The Definitions, as usual with this work, are full and clear; and, while it can scarcely be expected of any lexicographer that he should succeed in

collecting every new word that the ingenuity of our modern medical writers is daily producing, in this work there are few omissions of importance likely to be found.

The typography is well up to the standard usual with the very reputable publishers who have produced the book. It is an imperial octavo volume of 1200 double-column pages, the price being \$7.00 in cloth and \$8.00 in leather.

Chemistry and Physics. By Jos. STRUTHERS, Ph.B., Columbia College School of Mines, N. Y., D. W. Ward, Ph.B., Columbia School of Mines, N. Y., and Charles H. Willmarth, M.S., N. Y., \$1.00. (The Students' Quiz Series.) Philadelphia: Lea Bros. & Co., 1893.

This is the twelfth number of this series, and, as the former numbers, is in the form of questions and answers. The whole field of Chemistry and Physics, as usually taught in a general collegiate or medical course, is gone over. The answers are necessarily condensed, as would be expected in a volume of this nature, but it is to be remembered that this is not a text-book, but a "quizcompend," and the editor presumes that the student has been over the subjects thoroughly before he resorts to this work. Used legitimately, it will prove a useful book to both students and teachers. It is well illustrated.

The Medical Review Visiting LIST, PERPETUAL. J. H. Chambers & Co., St. Louis, Mo.

This visiting list contains the usual blank forms for daily calls, memoranda, obstetrical and vaccination practice, cash accounts, etc. The first 25 pages are devoted to useful hints for the physician's daily use, such as prediction of the day of confinement, poisons and their antidotes, methods of disinfection, care of galvanic batteries, examination

of urine, table of doses, diet table for diabetics and diagnostic table of eruptive fevers. It is good for any year and may be begun at any date, and is good until filled up. Mailed, post free, for 75 cents, by the publishers.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. Edited by T. Pickering Pick, F.R.C.S., Surgeon to and Lecturer on Anatomy at St. George's Hospital, London, Examiner in Anatomy, Royal College of Surgeons of England. A New American from the Thirteenth English Edition. In One Imperial Octavo Volume of 1100 Pages, with 635 Large and Elaborate Engravings on Wood. Price in Colors, Cloth, \$7.00; Leather, \$8.00; in Black, Cloth, \$6.00; Leather, \$7.00. Lea Bros. & Co., Philadelphia, 1803.

This work hardly needs any introduction to our readers, for there is no practitioner of medicine, and probably no student, but has learned of the excellencies of Gray's Anatomy. For upward of thirty-five years this has been the · most widely used of all works on anatomy, both as a text book by the student, and a book of reference by the practitioner. During this time it has been necessary to publish thirteen editions, aud with each the book has been subjected to the scrutiny of many of the foremost anatomists of the past generation. With the last edition unusual care has been taken to bring the work up to the very latest knowledge of the subject, and to incorporate into it all that will assist the student in acquiring accurately and pleasantly a knowledge of this all-important branch.

The engravings, which have always been a distinguishing feature of the work, have been thoroughly revised, some having been re-engraved where it was possible to make them clearer, and where necessary new ones have been added. In the edition, illustrated in colors, the arteries, veins and nerves are shown in red, blue and yellow, respectively, and the relations of the cords are thus made recognizable almost at a glance.

We can heartily commend this new edition as fully up to the high standard maintained by the former edition, and bespeak for it even greater popularity than it has enjoyed in the past.

Essentials of Minor Surgery,
Bandaging and Venereal Diseases.
By EDWARD MARTIN, A.M., M.D.,
Clinical Professor of Genito-Urinary
Diseases, Instructor in Operative Surgery, University of Pennsylvania.
Second Edition, Revised and Enlarged. Seventy-eight I'llustrations.
W. B. Saunders, Philadelphia, 1893.

This little volume has been thoroughly revised and brought up to the present standard of surgical practice. The section on bandaging is illustrated by an entirely new set of cuts taken from the American Text-Book of Surgery.

The Physician's Visiting List.
P. Blakiston, Son & Co. Philadelphia, 1893.

This is an old favorite with physicians generally, having been published annually for forty-three years. In point of gentility, convenience and general excellence, this visiting list leaves nothing to be desired. Among the useful hints contained in the thirty pages of text, we find a list of new remedies prepared for 1894, tables of incompatibility, poisons and antidotes, disinfectants, diagnosis of different forms of Bright's disease, examination of the urine, diagnosis and treatment of simple eve diseases, posological and dose tables, etc. Spaces are provided for all the items a physician is likely to use, visits, memoranda, addresses, vaccination and obstetric engagements, cash accounts, etc. It is prepared for 25 to 100 patients a week and also for perpetual use. It is of thin paper, making it light and compact, and is strongly bound. Price, regular edition for 25 patients \$1.00; perpetual \$1.25.

The Antikamnia Visiting List.

This list is on the perpetual plan, i. e., it can be begun at any time, and is good until filled. The left-hand page is devoted to names and addresses, and the right-hand is divided into columns for each day of the week, the amount charged and the Ledger folio. It is fitted into a black, wallet-shaped cover having a pocket, and can be replaced when full. It is very thin and light, making it comfortable for the pocket. Sent complimentarily by the Antikamnia Chemical Co., St. Louis, Mo.

Bulletin No. 92, of the North Carolina Experiment Station, is a Volume of 104 Pages, and is Devoted to the Culture of Orchard and Garden Fruits.

It gives full information regarding the varieties of fruits suitable to different sections of the State; the especial care to be given each variety; the time for, and the best methods of, budding and grafting; the preservation of the fruits, and the diseases and parasites peculiar to each, with the remedies therefor. It is a valuable volume and should be studied by every farmer and orchardist in the State.

The Era Key to U. S. P. Published by D. O. HAYNES & Co., Detroit, Mich. Price 25 cents.

A complete list of the preparations appearing in the new United States Pharmacopæia, with their doses in metric system, which is also reduced to the old system, and the different preparations in which each article is used are here put in a convenient shape and size for the vest-pocket.

Manual of Physical Diagnosis for the Use of Students and Physicians. By James Tyson, M.D., Professor of Medicine in the University of Pennsylvania, and Physician to the University Hospital, etc., etc. Second Edition, Revised and Enlarged. Cloth. 8vo.; 240 pages. Price, \$1.50. P. Blakiston, Son & Co., Philadelphia, 1803.

In the preface to the first edition of this work the author states that his reason for preparing it was not that another book on this subject was needed, but that by having a text-book of his own preparation he could more satisfactorily perform his task of teaching a large class. In this edition the text has been gone over carefully, and there has been included an appendix embracing sections on the examination of the blood, the chemical examinations required in the diagnosis of diseases of the stomach, and directions for making an autopsy. The work is thorough and clear, at the same time concise, and is to be commended

NORTH CAROLINA MEDICAL JOURNAL.

BOBERT D. JEWETT, M.D. Editors and Proprietors.

J. ALLISON HODGES, M.D.,

The subscription price of this JOURNAL is \$2.00 a year.

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This Journal is published on the fifteenth of every month, and any subscriber failing to receive his copy promptly is asked to announce the fact to this office.

Cuts will be provided for any original communications (sent to this Journal, only) requiring illustrations, free of cost to the author.

Specimen copies will be mailed to any address on application from a subscriber.

Secretaries of County Medical Societies in the Carolinas are asked to furnish condensed reports of their meetings to the JOURNAL.

Remittances should be made by P. O. Order, Draft or Registered Letter, payable to the NORTH CAROLINA MEDICAL JOURNAL.

All communications, either of a literary or business nature should be addressed to the North Carolina Medical Journal, P. O. Drawer 810, Wilmington, N. C.

Editorial.

UNITED CONFEDERATE VETE-RANS

The fourth annual reunion of the United Confederate Veterans was to have been held in Birmingham, Ala., July 19th and 20th of last year, but owing to the great financial depression which was so seriously threatening the country at that time, it was postponed. We now have advices that April 25th and 26th, 1894, have been appointed by General John B. Gordon as the time.

This grand and humane organization should have the energetic support of every Confederate veteran and of everyone who loves our dear Southland and honors those noble sons of hers who poured out their life-blood upon an hundred battle-fields in that mighty struggle that made the whole world stand aghast and wonder.

We have before us the report of the Surgeon-General U. C. V., Dr. Joseph Jones, of New Orleans, prepared to be presented at the reunion to be held last July, and would gladly reproduce it in full, but our limited space will permit only a few excerpts. During the interval between the third reunion and the time of this report the number of camps registered had increased from 189 to 251; and the Surgeon-General says "it is to be hoped that the entire South will at no distant day be covered by the camps of those Confederate veterans who have survived the casualties of the bloody conflict and the ravages of time, . . . It is important that each camp should be thoroughly organized and its organization placed in permanent place by publication."

He states that the great objects of the Association are:

"1st. The preservation of the story of our heroic struggle, with its victories, defeats, disasters, privations and sufferings.

"2d. The relief of the sufferings, diseases and wounds of the veterans of the Confederate Army and Navy.

"As the Confederate veterans lay their white and weary heads upon the bosom of the earth that bore them, the hand of no paternal government relieves their wants, soothes their death-beds, or marks, with the historic marble, their resting-places." This work of love must be left to their surviving comrades and confederates.

Answers received from 100 camps give an average membership to each of about 100, which proportion would give for the entire 251 camps a grand total of 25,000. But there have been many camps formed since this report was written, and the corrected report will show a much larger army of surviving Confederates. These 100 camps, with 10,000 members, show a total of 270 disabled soldiers, or less than 3 per cent: the number of deaths since the formation of the camps is 471—less than 5 per cent; and the number of indigent widows of Confederate soldiers, supplied by the camps, is quite insignificant.

A death-rate of less than 50 in the 1,000 among a body of men, the youngest of whom must be about 45 years of age, many of whom have lost limbs and suffered from other severe wounds, and all of whom have endured much, is truly remarkable.

The report urges the importance of conferring upon the Surgeon-General the power to effect a thorough and permanent organization of the Medical Department by appointing one or more medical officers, medical directors and medical inspectors, with the rank of Colonel and Lieutenant-Colonel, in each Southern State. It recommends the election by each camp of one surgeon, whose tenure of office should be "during life" or "as long as he may be willing

to yield his gracious and gratuitous services to sick, disabled and destitute Confederate veterans. The surgeons should be commissioned and constitute the permanent standing medical corps of the U. C. V. And the reward of those upon whom these duties fall should be "in the approval of their comrades and the satisfaction in being used as an instrument for the relief of human suffering."

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

The sixth annual session of this Association, which was held in New Orleans, November 14, 15 and 16, 1893, was characterized by a large amount of work done and by the excellence of the papers presented. Much of this is due to the efficiency and zeal of the Secretary, Dr. W. E. B. Davis, of Birmingham, Ala., and we congratulate the Association for their wisdom in retaining his services.

Dr. Bedford Brown, of Alexandria, Va., the President, was most felicitous in his annual address, which was received with the highest favor and deafening applause. Among other things, he said the Association owed its organization to the necessity of the times. It was not intended to be sectional in character, but its purpose was to promote the sciences of surgery and gynæcology. Those who founded this organization "believed that the necessity of the medical profession of the South demanded and required such an institution, based upon broad, liberal and democratic principles, open to merit, talent and character, for the encouragement of medical progress in that section."

Editorial.

The Association is fast becoming one of the most important and useful organizations in the whole country, and the volume of *Transactions* of the meeting just closed will be most interesting, containing, as it will, in the papers and discussions the most advanced ideas on many subjects in these two branches to which the Association confines itself.

Among the social features were a presentation of "Faust" by the French Opera Company and a reception at the St. Charles Hotel, tendered by the local profession.

Many new fellows were admitted, and Charleston, S. C., was selected as the next place of meeting. The following officers were elected for the ensuing year: President, Cornelius Kollock, M.D., Cheraw, S. C.; Vice President, A. B. Miles, M.D., New Orleans, La.; Secretary, W. E. B. Davis, M.D., Birmingham, Ala.; Treasurer, J. B. S. Holmes, Rome, Ga. Dr. Bedford Brown was elected to fill a vacancy in the Council.

We are glad to see the Association approaching so near us, and hope ere long to welcome it within the borders of the Old North State. The membership already numbers many from the Carolinas, and the presence of the Association in Charleston will greatly increase the number.

THE READING NOTICE.

There is a department in most medical journals devoted to "reading notices," and sometimes called "Publisher's Department." In this department appear shorter or longer articles commendatory of some of the preparations advertised in the journal. They are

intended to call the special attention of the readers of the journal to the value of the preparation named: they are by some journals charged for, by others given free. These notices are perfectly legitimate if confined to their proper department, but it is the custom with many journals to permit them to appear in any and every department-sometimes as bona fide original contributions, sometimes as honest selections, culled by the editor from some other journal. ostensibly to enlighten the readers of the journal on some scientific matter. or some unusually successful method of treatment, but in fact furnished by the advertiser to bring prominently into notice the preparation mentioned. This latter is not legitimate, being a deception practiced upon the readers of the journal, who by right believe all the matter in the regular reading pages of their journal is what it claims to be.

We do not think it detracts from the value of a paper nor from the dignity of a journal that a preparation which has been found especially useful by a careful and honest investigator should be mentioned by name in an original contribution, for it advances the purposes of our profession for the value of such useful agents to be made known, and we will never reject an article, nor refuse to make a selection from an exchange simply because it mentions a preparation specifically, if in other respects we consider it useful. We must. however, feel confident that the article is not written by some one interested in the sale of the preparation, or who has been employed, directly or indirectly, to prepare it.

Advertisements and reading notices in this JOURNAL will be confined to their legitimate positions, and our readers are assured that any matter appearing in our other regular departments is not placed there for the purpose of advertising a preparation that may be mentioned, but because, in the opinion of the Editor, it contains information useful or interesting.

We will add, however, that a doctor should not fail to read the advertising pages of his journal, for therein he will find many useful suggestions that will aid him in his practice, and therein alone can he keep up with the important work that is being done, day after day, by the scientific pharmacist.

SMALL-POX AND VACCINATION.

The only laws in this State relative to vaccination are embodied in Section 23 of the recent Act in Relation to the Board of Health. It requires, on the appearance of a case of small-pox in any neighborhood, the vaccination of every person admitted to a public institution, and that the County Superintendent of Health shall vaccinate free all who are not able to pay, whether in public institutions or not. This section also provides that "the authorities of any city or town, or the Board of County Commissioners of any county, may make such regulations and provisions for the vaccination of its inhabitants under the direction of the local or county board of health or a committee chosen for the purpose, and impose such penalties as they may deem necessary, to protect the

Whether the last portion of this section grants this power to the county and municipal authorities at all times, or only when a case of small-pox really exists in their locality, is not positively stated, but it would be wise on the part of all boards of county commissioners to exercise this power at once, if possible, at least as far as the jails and county homes are concerned, by re-

quiring the superintendent of health to vaccinate the inmates of these institutions. The practice should extend, as soon as possible, to the schools and the public generally, but in the uneducated condition of the people of this State such reforms have to "make haste slowly."

Only last month small-pox broke out in the person and family of a railroad porter who lived in Chattanooga, Tenn.. and spread to several other persons who exposed themselves to the contagion before the true nature of the disease was known. November 23d it was declared to be epidemic in Chicago. Later a case developed in Nashville. Cases have occurred lately at several points in Illinois, Ohio, Connecticut and West Virginia, while in New York City a few cases have been almost constantly existing for several months. Since the outbreak of the disease at Chattanooga the State Board of Health recommended general vaccination, and there have been in the neighborhood of 20,000 people vaccinated in that city alone within 30 days.

What would be the result should a case of small-pox be brought into this State? and such a thing is very possible, ves, even probable, while the disease is diffused so generally and railroad communication is so rapid. Nine chances to one the true nature of the disease would not be determined for several days, and then isolation of the patient would be ordered and vaccination of all persons not protected. Then it would turn out that there was no vaccine in the neighborhood, and a day or so would be lost in that way. In the meantime many persons, including the doctor, would have been in contact with the patient, and have acted as carriers of the contagion to others. It would be next to impossible to know just who had been exposed to to the contagion from the first case until

they in turn developed the disease. Then they would be isolated; but how many had they infected before being discovered? It does not require a prophetic vision to see the results.

Were a general vaccination ordered throughout the State, the expense would be enormous, and, while many would be vaccinated at their own expense, there would be enough still left to make the cost to the public treasury heavily felt, should it fall suddenly. How much better would it be, then, that the expense be met gradually by having vaccination done constantly, year after year, until the people are protected. And why wait until the disease gains a foothold in our midst and probably carries several good citizens to their graves, and demoralizes business, before we adopt this certain measure for preventing its spread?

THE STATE BOARD OF HEALTH,

The vacancy upon the Board of Health caused by the resignation of Dr. J. A. Hodges, one of the most interested and active members of the Board, which was made necessary by his removal to Virginia, has been filled by the election of Dr. John Whitehead, of Sal'sbury. The JOURNAL congratulates Dr. Whitehead upon his election to this responsible position, and at the same time it congratulates the Board in that they have so wisely acted in the choice of Dr. Hodges' successor.

The newly-elected member is well-known throughout the State as an able physician and as a man ever ready to do his duty, and as such we bespeak for him a term of usefulness in his new office.

Miscellaneous Items.

Under this head space will be given, free of cost, to those *paid-up* subscribers who desire to change their location, or to dispose of practice or property. One insertion will be allowed, but inquiries must not be ordered addressed to this office.

Any news connected with professional men and matters in North and South Carolina will be appreciated by the Editors.

Our esteemed friend and collaborator, Dr. Cornelius Kollock, has been in attendance upon the meeting of the Southern Surgical and Gynecological Association in New Orleans, of which body he was the First Vice-President, and is now honored with the Presidency. He extended his tour, after the adjournment of the Association, to some of the more important cities of Texas.

We regret to learn of the continued feeble health of Dr. James Parrish, of Portsmouth, Va. Dr. Robert Battey, of Rome, Ga., has presented 1,000 of his most valuable books to the State of Georgia as a nucleus for the establishment of a State Medical Library.

Dr. Gove, a lady physician of Greensboro, has received a temporary license to practice medicine in this State. She is the second woman licensed by the Board, the first being D1. Annie Alexander, of Charlotte.

Dr. Oliver Wendell Holmes entered his eighty-fifth year August 29th.

Dr. G. L. Wimberly, of Rocky Mount, was married on November 16th to Miss Mary, daughter of Hon, B. H. Bunn,

Dr. C. D. Hill (University of Virginia, 1888), formerly of Faison, but late of New York, was married in the latter city, a few days since, to Miss Rofina Domingo Rectar. Kit, thou hast well done, and hast the best wishes of an admiring classmate.

The date of meeting of the American Medical Association, at San Francisco, has been changed from the first Tuesday in May, to the first Tuesday in June, 1894, in order that State Societies may send instructions as to their action in regard to any changes in the Code of Ethics.

Dr. John A. Wyeth writes to the New York Medical Journal that the manner of securing the flaps in amputation of the hip, generally credited to Diefenbach, should be credited to Dr. Walter Brasher, of Kentucky, who did the operation sixteen years before Diefenbach received his degree.

Dr. John M. Keating, LL.D., died at Colorado Springs November 17. Dr. Keating was a man of international reputation, being the Editor of the Cyclopædia of the Diseases of Children, and one of the Editors of International Clinics and also of the Climatologist. He lived for many years in Philadelphia.

Sir Andrew Clark, of London, died suddenly November 6, 1893. He was President of the Royal College of Physicians of London, and a distinguished Fellow of the College wrote a week or two before his death: "There has been, since the time of Sir Thomas Watson, no President who has discharged the duties of the office with such ability and

dignity." Sir Andrew was elected President for the sixth time—a very unusual honor. It is the third time the College has lost its President during his actual term of service.

The epidemic of yellow fever is at an end. Camp Detention was closed on the 30th November. The last death from the disease occurred at Camp Detention November 26th. The total number of cases in Brunswick amounted to 1,001, with 53 deaths—40 white, 1 Mongolian, 12 colored. Total deathrate, 5.3 p. c. Since the occurrence of frost, with no new cases, Surgeon Murray has been busy disinfecting, with steam bedding from infected houses. All the infected houses are also being thoroughly disinfected.

THE SAMUEL D. GROSS PRIZE. - The quinquennial prize of \$1,000, under the will of the late Samuel D. Gross, M.D., will be awarded January 1, 1895. The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens," It is expressly stipulated that the successful competitor, who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery. The essays, which must be written by a single author, in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut St., Philadelphia, before January 1, 1895. Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name

and address of the writer. No envelope will be opened except that which accompanies the successful essay. The Committee will return the unsuccessful essays if re-claimed by their respective writers, or their agents, within one year. The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

Elizabethtown, N. C., is advertising for a good physician. It claims to be a good opening, the nearest doctor being ten miles. If it is a good opening, there will hardly be any lack of medical settlers.

The greatest ambition of the Chinese, and a part of their religion, is to raise up a posterity who will worship their memory. This gives the son who has been ill-treated by his father, especially if he be an only son, an opportunity of venting his spite upon the unkind parent by castrating himself, and so cutting off the old man's prospects of a posterity. In performing the operation, they frequently cut off the whole of the sexual organs close to the body.

A writer in Science Siftings says that two thousand years ago the Greeks believed that there was virtue in fingerrings as against rheumatism. Galen, in the second century, gave heed to some of the popular fancies of that day, and recommended a ring of jasper with an intaglio of a male figure wearing about his neck a bunch of herbs. Marcellus, in the time of Marcus Aurelius, prescribed a ring of pure gold, with certain Greek letters inscribed thereon, to be worn for pain in the side; the circlet was directed to be worn on the side opposite to the pain. The decrease of

the moon was propitious to the plan of cure. "And these rings," says the writer, "had quite as much medical value as those that are now being sold for the relief of rheumatism."—Medical Record.

The Editor of the Medical and Surgical Reporter tells the following story to show how faith sometimes serves the oculist as well as the physician: "A few days ago one of our patients, an intelligent gentleman, called to have his lenses changed, since they were paining his eyes very much on use. In due time the lenses came and the old lenses taken out, but by mistake the same old lenses were put back in the frames. He put them on and said they were a great improvement on the old ones. When at home he told his wife everything looked so much clearer with his new lenses, and they were so easy on his eyes. In a short time the mistake was noticed, and he was teleponed to come to the office, when it was explained to him how the mistake was made, and the new lenses were put in. The joke was too good; he had to tell his folks. He is now firm in the belief that faith has a wonderful effect over the body."

One day, while mending the roof of his house, Chodja lost his balance, and, falling to the ground, broke a rib. A friend of his went hurriedly for a Hakim (doctor). "Hakim, have you ever fallen from a roof and broken a rib?" was the first question Chodja asked the doctor. "Thank God, no," replied the Hakim. "Then go away at once, please," cried Chodja; "I want a doctor who has fallen from a roof and knows what it is."— Medical Record.

Reading Motices.

THE attention of our readers is especially called to the advertisement of Messrs. Bartlett, Garvens & Co., of Richmond, Va., to be found on another page. This firm deals in instruments of best quality, and will give entire satisfaction.

THE attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears in this issue.

This house is one of long standing, and enjoys a reputation of the highest

character.

The preparations referred to we commend especially to the notice of Practitioners.

The results obtained from Bromidia have been excellent. It combines all advantages of other hypnotic preparations without their disadvantages. The fact that it produces no unpleasant sensation on awaking renders it specially valuable.—Chicago Medical Standard.

It affords me great pleasure in saying that I have had signal success with Cactina Pillets in various forms of heart disease, in alcoholism, excessive use of tobacco, more especially chewing. Cactina Pillets are invaluable. I shall continue to prescribe them.

THOS. W. WEBB, L.R.C.P., L.M., 33 O'Connell St., Waterford, Ire.

I USED PEACOK'S BROMIDES with success. In epileptic fits, especially one case of ten year's standing, in which I exhausted all remedies at my command, it has proven a valuable remedy, always positive and constant. I cheerfully recommend it to the medical profession.

HORACE C. GEORGE, A.M., M.D., Altoona, Pa.

THE active medical properties of codliver oil are found in *four times* the quantity in Codliver Glycerine that they are in the best Norwegian cod-liver oil, because none but its active properties are taken up in its manufacture. In other words, a teaspoonful of Codliver Glycerine (one dose) represents the active medical properties of two table-spoonfuls of the best Norwegian codliver oil, or from four to six tablespoonfuls of any of the emulsions. The nauseating, indigestible and other deleterious properties that the oil and emulsions contain, are not found in Codliver Glycerine; besides, it mixes readily with water or any prescription, and is a strong digestive stimulant. The manufacturers of Codliver Glycerine have made it possible to give cod-liver oil in constant and heroic doses, without nausea or oppression of the digestive organs. Any stomach will tolerate it.

FOR THE TEETH.—One of the most skillful dentists in New York gives these rules for the care of the teeth;

Use a soft brush and water the temperature of the mouth. Brush the teeth up and down in the morning, before going to bed, and after eating, whether it is three or six times a day. Use a good tooth powder twice a week, not oftener, except in case of sickness, when the acids from a disordered stomach are apt to have an unwholesome effect upon the dentine. Avoid all tooth pastes and dentifrices that foam in the mouth; the lather is a sure sign of soap, and soap injures the gums, without in any way cleansing the teeth.

The very best powder is of precipitated chalk; it is absolutely harmless, and will clean the enamel without affecting the gums. Orris root or a little winter-green added gives a pleasant flavor, but in no way improves the chalk. At least a quart of tepid water should be used in rinsing the mouth. A teaspoonful of Listerine in half a glass of water used as a wash and gargle after meals, is excellent; it is good for sore or loose gums; it sweetens the mouth, and is a valuable antiseptic, destroying promptly all odors emanating from diseased gums and teeth. Coarse, hard brushes and soapy dentifrices cause the gums to recede, leaving the dentine exposed. Use a quill pick, if necessary, after eating, but a piece of waxed floss is better. These rules are worth heeding. Be assured of the genuine Listerine by purchasing an original bottle.

THE season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as its predecessor, la grippe, still makes apropos an extract from The Medical Summary. It says, in speaking of the action of antikamnia: "This drug has a well-earned character as an analgesic. It is one of the few among the many claimants for favor that have successfully stood the test of experience. In a case of acute poly-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two 10grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable, as, after one or two more doses, there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed.

The following is an excellent prescription in la grippe and painful bron-

chial catarrh:

B.—Antikamuia (Genuine)... 3 ij Mist. Glycyrrh., Comp... 3 iij F. E. Rad. Glycyrrh.... 3 ij Vini rubri Gall...q. s ft. 3 wj M. Sig. Two teaspoonfuls every 3

hours.

For whooping-cough in a child four years old:

R.—Antikamnia (Genuine)...gr. xxxvj. Divide in chart, No. xij.

Sig. At night, one powder every 15 minutes until 3 have been taken. Administer in dilute claret, or port or sherry wine.

READ the advertisement of Messrs. Purcell, Ladd & Co., on page 7 of this issue. This old Southern house has for many years enjoyed a reputation for squareness and reliability in all their transactions.

THE excellent results following the use of Hayden's Viburnum Compound has induced many to attempt an imitation of this truly excellent preparation. In threatened abortion, after-pains and other affections in obstetrical practice, physicians will obtain the best results if they specify H. V. C.

THE Maltine preparations—Maltine plain, Maltine with Cascara, Maltine with Cod-Liver Oil, etc., have stood the test of clinical experience, and proven highly beneficial in cases of intestinal indigestion. See advertisement on colored page.

VIN MARIANT is *the* tonic in the rundown condition due to over-work and in convalescence from debilitating diseases. Read the new advertisement in this issue.

BE SURE to have on hand a good supply of Pancropeptine, that excellent preparation of the Virginia Pharmacal Co., to correct the errors of digestion that will ensue after the usual Christmas dinner.

In all cases of General Debility and in convalescence from severe illness, Colden's Liquid Beef Tonic is especially indicated. Possessing both the nutritive properties of Beef Extract and the stimulating properties of the best brandy, with the systemic tonics, Iron, Cinchona and Gentian, it meets thoroughly the requirements in such cases.

In treating the eye when an anæsthetic is needed, you will use Cocaine. It is very important that the Cocaine for this purpose and also for hypodermatic injection, should be pure. Don't fail to specify ."Hydrochlorate of Cocaine, Boehringer," if you want the best.

SYR. HYPOPHOS. GO., FELLOWS

Contains the Essential Elements of the Animal Organization -Potash and Lime.

The Oxydising Agents—Iron and Manganese;

The Tonics-Quinine and Strychnine:

And the Vitalizing Constituent-Phosphorus; the whole combined in the form of a Syrup, with a Slightly Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affec tions of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases

Its Curative Power is largely attributable to its stimulant, tonic. and nutritive properties, by means of which the energy of the system is recruited.

Its action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation

with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases

NOTICE-CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnine in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisible that the Syrup should be or-

dered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOW. 48 Vesey Street, New York.

The :=: Keystone

to the arch of success, metaphorically speaking, in the



treatment of Typhoid Fever, and all Infectious and Acute Diseases, is the maintenance of the patient's nutrition This can best be accomplished by a sedulous attention to

the diet, which should consist of a palatable, pre-digested, concentrated and aseptic fluid food.

All of these essential qualities are contained in **Liquid Peptonoids**, which thus affords a most valuable supplement to a strict milk diet.

If **Liquid Peptonoids** possesses these advantages, is not our unprofessional reasoning plausible? We only ask you to verify our claims.

THE ARLINGTON CHEMICAL CO.,

Send 50c. for one year's subscription to "The Doctor's Factotum."

YONKERS, N. Y.



